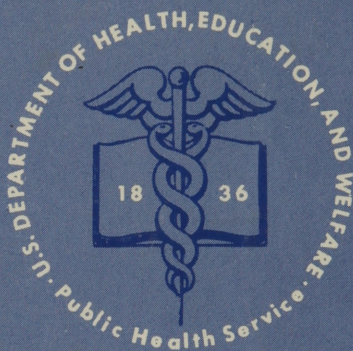


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KERSHAW (J.M.)

DISEASES

— OF THE —

BRAIN AND NERVOUS SYSTEM,

By J. MARTINE KERSHAW, M. D.,

PROFESSOR OF DISEASES OF THE BRAIN AND NERVOUS SYSTEM IN THE HOMOEOPATHIC
MEDICAL COLLEGE OF MISSOURI; LECTURER ON THE NERVOUS DISEASES OF
WOMEN AND CHILDREN AT THE MISSOURI SCHOOL OF MIDWIFERY;
AND PHYSICIAN TO THE CLINIC FOR THE PARALYZED AND
EPILEPTIC AT THE NORTH ST. LOUIS
FREE DISPENSARY.

ISSUED IN EIGHT PARTS.

FACIAL
NEURALGIA

— AND THE —

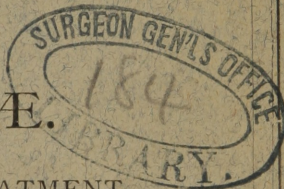
• VISCERALGIÆ.

THEIR DIAGNOSIS AND TREATMENT.

PART I.

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118 North Third Street,
1878.



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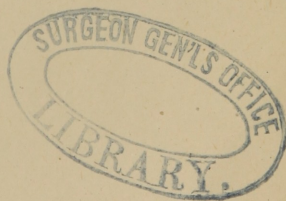
FACIAL NEURALGIA

— AND THE —

VISCERALGIÆ.

THEIR DIAGNOSIS AND TREATMENT.

PART I.



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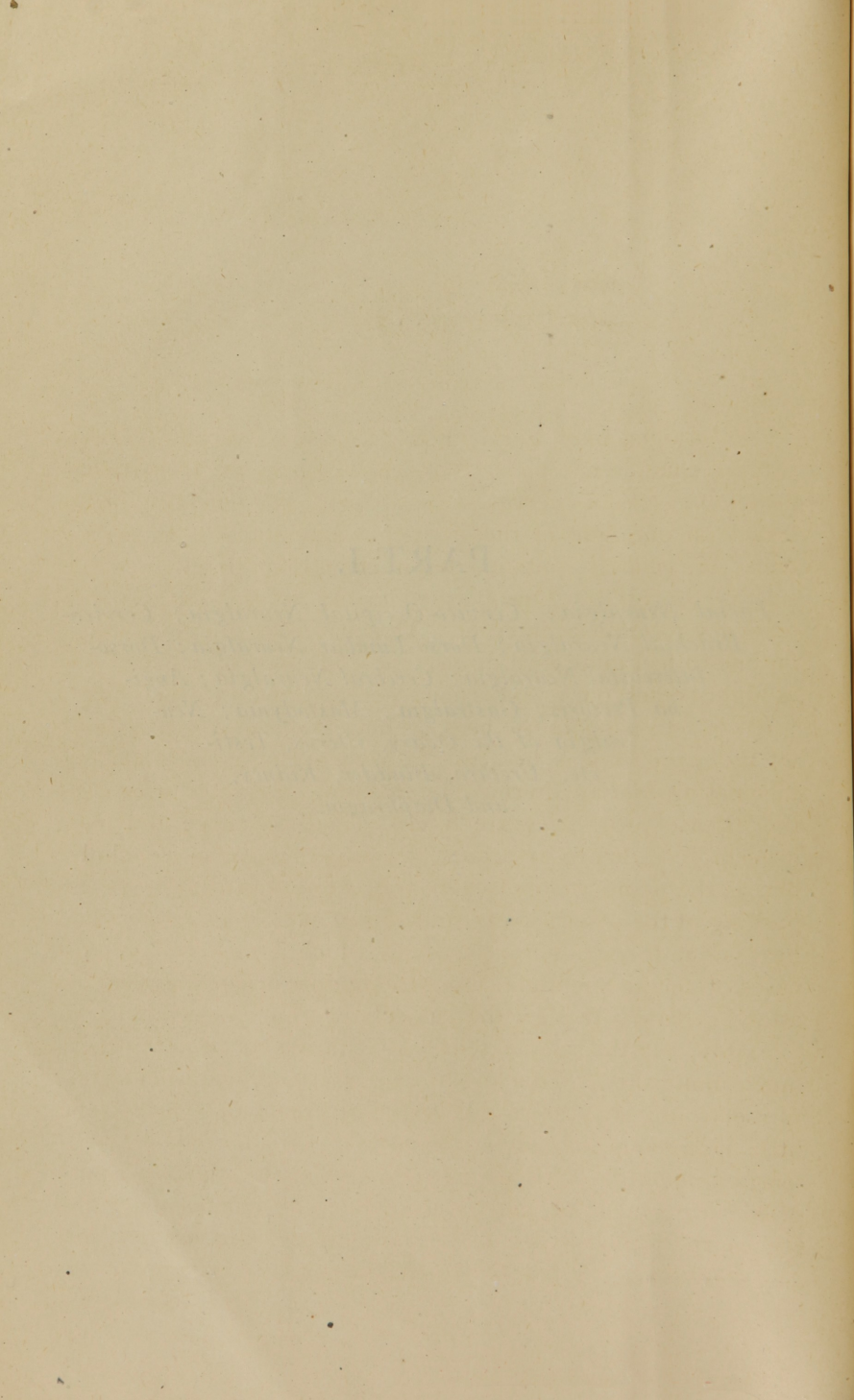
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PART I.

Facial Neuralgia ; Cervico-Occipital Neuralgia ; Cervico-Brachial Neuralgia ; Dorso-Lumbar Neuralgia ; Dorso-Intercostal Neuralgia ; Cerebral Neuralgia ; Angina Pectoris ; Gastralgia ; Mastodynia ; Neuralgia of the Ovary, Uterus, Testicle, Urethra, Bladder, Kidney, and Diaphragm.

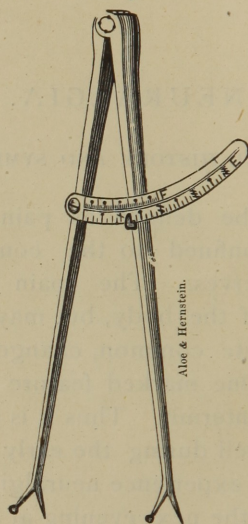


NEURALGIA.

CLINICAL HISTORY AND SYMPTOMS.

Neuralgia may be defined as pain of a more or less severe character, confined to the course of a particular nerve or set of nerves. The pain is generally manifested on one side of the body, but may attack both sides at once; or, what is quite common, change suddenly from one side to the other. One marked feature of this disease is its tendency to remit or intermit. Thus it is exceedingly common for one to feel quite well during the early part of the day, but, as night comes on, to experience neuralgic pains, which finally leave to return again the next evening at about the same hour. Of the pains it may be said that they are of a sharp, darting, lancinating, boring, burning or stabbing character, which, as the disease progresses, are likely to become more and more intolerable. Before an attack, the subject is apt to feel chilly; but, as the pains become severe, this is followed by more or less flushing of the painful parts, and some heat. This redness and heat is due to vaso-motor paralysis which is observed in most cases of severe neuralgia about the middle or last stage of the attack. Now, although the subjects of this disease suffer intolerably, yet the tactile sensibility (during an attack) is very much diminished. This loss of, or diminished condition of tactile sensibility may be readily tested by means of a very useful little instrument—the Aesthesiometer. In all cases of well-marked neuralgia, it is necessary, in order that the two points of the instrument be felt, to place them at much greater distances apart than would be necessary if the skin was in a normal condition. A cut of the Aesthesiometer is here given,

with a partial table showing the minimum distances at which the two points of the instrument can ordinarily be felt on the face and upper parts of the body.



*TABLE SHOWING TACTILE SENSIBILITY OF VARIOUS PARTS OF BODY.

Point of the tongue.....	1-2 line.
Red surface of the lips.....	2 lines.
Tip of the nose.....	3 "
Part of the lips covered by the skin.....	4 "
Palm of the hand.....	5 "
Skin of the cheek.....	5 "
External surface of the eyelids.....	5 "
Skin over the anterior surface of the zygoma	7 "
Skin over the posterior part of the zygoma..	10 "
Lower part of the forehead.....	10 "
Lower part of the occiput.....	12 "
Back of the head.....	14 "
Neck, under the lower jaw.....	15 "
Vertex.....	15 "
Skin over the sacrum.....	18 "

Skin over the acromion.....	18	lines.
The skin over the sternum.....	20	“
“ “ “ “ five upper vertebræ.....	24	“
“ “ “ “ spine, near the occiput....	24	“
“ “ in “ lumbar region.....	24	“
“ “ “ “ middle of the neck.....	30	“
“ “ over the “ “ “ back.....	30	“
“ “ in “ “ “ “ arm.....	30	“

Besides the marked anæsthesia present in most cases of neuralgia, there are also found, on a more or less careful examination, certain *tender points* or *spots* corresponding to the exit of a nerve from a foramin, or where it pierces fibrous faciæ. So commonly are these tender points observed, that Valleix “founded his diagnosis of genuine neuralgia on the presence of these painful points.” These points were designated by Valleix as the *points douloureux*. Trousseau agrees with Valleix that there are such tender points, but insists that they are to be found over the spinous processes corresponding to the sensory root. These he terms the *points apophysaire*, and he believes that tenderness at the points named is to be more frequently observed than at those mentioned by Valleix. Now, although tender points are commonly to be found at the points mentioned by Valleix, yet they are quite as frequently to be found over the spinous processes of the vertebræ, and are much more significant. In numerous cases of severe neuralgia have I found tenderness over one or more spinous processes, and that pressure over these, aggravated the pain already present, or caused a return of pain when absent. Now, the pain excited by this pressure is not simply an ordinary pain, but the *same kind of pain*, and *felt in the same place* as that experienced during the regular attacks of neuralgia. Tenderness at these points is significant in that it is about the seat of the difficulty, and a knowledge of this, with proper treatment, will often bring about a cure in an incredibly short space of time. Of this we shall speak further on. Besides the painful points just mentioned, there is a generally diffused soreness experienced about the

course of the affected nerves, which continues, in many cases, long after the pain has ceased. The onset of the disease may be very gradual, or very sudden. Cases of Cardiac Neuralgia are generally sudden, and the same may be said of Gastralgia, and also, in some instances, of Sciatica. Taking it altogether, however, it may be said that neuralgia begins, generally, in a gradual manner. Formication, crawling, creeping, a wooly feeling, numbness (paræsthesia) is often experienced in the parts affected with neuralgic pains, and this paræsthetic condition frequently persists throughout the intermission. *Erb is of the opinion that "strongly marked sensations of numbness are suggestive of the development of organic disease in the nerve trunk." Spasms of muscles (tonic or clonic) not unfrequently occur, and especially is this the case where the fifth pair is implicated. This is shown in some instances by spasm of the eyelids (blepharospasm) and in twitching and jerking of the muscles of the cheek. This implication of the motor nerves in the disease and the consequent muscular spasms is exceedingly annoying, and, in some instances, intensely painful. In many cases of neuralgia the color and nutrition of the hair is affected. It is common for the hair, especially about the temples, to become quite gray. †Anstie noticed, in his own case, that the hair of the affected side became gray while the pain was at its height, but resumed its natural color as the pain subsided. In some cases the hair becomes coarse and hypertrophied. In chronic cases it becomes dry and brittle, and falls out rapidly, to the great dismay of the subject. I have been led to believe, from some little observation, that this is especially so in those cases where heat and tenderness of the scalp are constantly present. However, as the case becomes better, the hair ceases to fall out, and begins to grow anew. It has been observed, too, that in some cases, the skin becomes coarse and thick, and Anstie has noticed that deposits of pigment sometimes take place over the painful points, passing off with the paroxysm in most instances,

*Diseases of the Nervous System.—Ziemssen.

†Neuralgia and the Diseases that Resemble it.

but remaining permanently in some chronic cases, and giving to the part a dark and dirty appearance.

VARIETIES OF NEURALGIA.—Anstie divides the neuralgiæ into two classes or varieties: (a) those due to severe mental or physical shock, and (b) those of intra-nervous origin. Under the head of external shock he classes those due to a jarring of the central nervous system as a consequence of railroad accidents, falls, fright, or intense mental emotion. Now, it should be remembered, that the central nervous shock, may, or may not be due to severe physical injury; and, even when this is the case, it is altogether out of proportion to the amount of injury received. In many of these cases, as in those due to mental emotions, no perceptible injury can be discovered. Neuralgia frequently follows nervous shock of the kinds above mentioned; sometimes it follows quickly, but more commonly it comes on gradually as do the other neuralgiæ. The fifth nerve is the one ordinarily affected. These neuralgiæ are exceedingly common, and are often developed in those in whom there is an hereditary tendency; in those who have once had neuralgia; and in those who are debilitated, or in a general poor state of health. Apart from what has already been said, there are other kinds of external shock to be mentioned; I refer to direct injury to a nerve in the form of a laceration, or to complete or incomplete division of the nervous trunk. Laceration or incomplete division of a nerve is likely to be followed by neuralgia, when at all, at once, or very soon after the reception of the injury. Where the nerve has been completely divided, pain does not occur until the divided ends have united. Such cases are exceedingly severe and intractable. In some instances, and there are a number on record, a reflex neuralgia has been set up of extreme severity and intractability. Strangely, too, the fifth pair has been the one to suffer in many instances; this was the case in the two mentioned by Anstie, the ulnar nerve being affected in one case, and the great occipital in the other. Burning pain complicates many cases of neuralgia due to injury; and, when

present, in a marked degree, these cases have been found very obstinate and difficult to treat. *Drs. Mitchell, Morehouse and Keen give a good description of this peculiar pain in a very interesting little work on nervous injuries, the result of their experience during the late war. Following the plan of Anstie we come next to

NEURALGIÆ OF INTRA-NERVOUS ORIGIN.

These neuralgiæ depend in great measure on the constitutional condition and peculiarities of the individual affected, his manner and mode of living, and his age. To simplify the treatment of this subject, and in accordance with the plan already mentioned, it will be necessary to subdivide the above as follows:

1. Neuralgiæ of malarious origin.
2. Neuralgiæ of the period of bodily development.
3. Neuralgiæ of the middle period of life.
4. Neuralgiæ of the period of bodily decay.
5. Neuralgiæ associated with anæmia and mal-nutrition.

1. *Neuralgiæ due to malaria* are exceedingly common, especially in this Western country. For some reason the first division of the fifth nerve is the one commonly affected when the disease is caused by malarial poisoning. The attacks may be preceded by slight chilly sensations, accompanied by some fever, and terminate in more or less profuse perspiration. This is frequently, but by no means always the case. In many instances, severe periodical pain only is observed, without the usual accompaniments of malarial disease. During seasons when malarial difficulties prevail, it is always well to observe closely the cases of neuralgia coming under our care, as these are frequently but masked affections of malarial origin, or they are more or less influenced by this poison. Anstie mentions one case of intercostal neuralgia in which the pain "was so terrible, and accompanied by such severe algide phenomena at the beginning of the attacks, and such a sense of throbbing as the pain developed, as to lead to serious suspicions of hepatic ab-

*Gunshot Wounds and other Injuries to Nerves.

scess, for the moment; but the course of events soon corrected this idea." A number of cases of this kind have come under my observation, and they proved readily amenable to the remedies ordinarily employed in the treatment of malarial difficulties.

2. *Neuralgiæ of the period of bodily development* are those which are developed during the time from early childhood, up to, and just beyond the age of puberty. In children neuralgia is not nearly so frequently observed as in adults; and yet, here and there, well marked cases are sometimes observed. But just before, and about the time the child becomes a man or woman, the inherited or acquired weaknesses of constitution become manifest in the form of some nervous affection, such as hysteria, epilepsy, neuralgia, or insanity. But, among the many causes of nervous difficulties at this period, none are more powerful than the habit of dwelling on self, with the unnatural and irregular development of the sexual impulse, and its consequences. A child should be a child until puberty makes it a full-grown man or woman, and not the pitiable subject of forced and unnatural physical change long before the time intended by nature.

*An eminent author says: "Sexual precocity sometimes very much anticipates the peculiar characteristics of the period after puberty. It is well known that in too many instances children are led, by the almost irresistible influence of bad example, to indulge in thoughts and practices which are thoroughly unchildish, and which exercise a powerfully disturbing influence upon the nervous system. * * * Under the influence of precocious sexual irritation he becomes hypochondriacal and self-centred, and often suffers, not merely from fanciful fears and fanciful pains, but from actual neuralgia, which is sometimes severe. The attacks of *migraine*, which are a frequent affection of delicate children whose puberty occurs at the normal time, are a much earlier torment with children who have early become addicted to bad practices. It is an anticipatory effect upon the constitution, strictly analogous to the production of the so-

*Anstie—Neuralgia and the Diseases that Resemble it.

called "hysteria" in little girls under similar circumstances. * * The existence of any severe neuralgic affection in a young child, if it cannot be traced to tubercle or other recognizable organic brain disease, is *prima facie* ground for suspicion of precocious sexual irritation. * * * Usually, there are other features which assist in the discovery of precocious sexualism, when it exists; there is a morbid tendency to solitary moping, and a moral change in which untruthfulness is conspicuous." I call especial attention to this subject because I believe that the evil mentioned has a great deal to do, directly or indirectly, with many of the nervous difficulties constantly met with. I believe too, that it has a great deal to do with both the moral and physical health of many thousands of the young men and women of our generation. It is a greater curse, and many times more powerful, than alcohol and all the kindred vices in undermining both the moral and physical strength of mankind. *Dr. Maudsley lays great stress on this vice as a cause of many nervous difficulties. As bearing on this subject I may be permitted to quote the language of Dr. Jacobi, who, in an article † "On Masturbation and Hysteria in Young Children" gives his well matured views on this matter. Speaking of hemicrania he says:

"But the angiospastic variety, with contracted blood-vessels, pale face, and generally neurotic appearance, is really frequent. * * * It is one of those forms of nerve trouble which is inherited perhaps as frequently as any other. Neurotic mothers, both thin and fat, are liable to transmit it to their young daughters. * * * Observation through many years of a permanent practice has yielded many cases in which I followed children from early childhood to adult age. Their congenital condition resulted in nervousness and trigeminal neuralgia in the child, and chlorosis and hysteria in the young woman, with a bad prognosis until the climacteric years will put a partial end to the consecutive symptoms. * * * But the worst and earlier cases I have seen resulted from masturbation. The children, both male and female, look anæmic, some thin, some bloated, are fretful, and changeable. The attack of trigeminal (mostly supraorbital) neuralgia was sometimes unilateral, sometimes bilateral, and could last for days, and amount to such agony in some instances, that the suspicion of cerebral disease was aroused. In a few cases the suppression of masturbation was

*Physiology and Pathology of Mind.

†American Journal of Obstetrics, February, 1876.

the principal promotor of recovery. In others medicinal treatment proved effective, where the bad habit had resulted in a thorough lowering of the substance and function of the nerves."

With regard to the breaking up of this vice, I have little faith in medicine or in moral influence alone. There are certainly medicines, such as Bromide of Camphor, Sulphur, etc., which have some influence on this affection; but I do not believe they can, unaided, cure this difficulty. I have found one simple measure exceedingly effective in overcoming this trouble. It is the applying of a caustic substance to some part of the sexual apparatus, with the view of producing a considerable sore on the part to which the application is made. The application should be made on the inner-fold of the foreskin in the male, and about the clitoris in the female. I find carbolic acid (pure) an excellent application, just simply touching the part with a match or small stick moistened with the acid, being sufficient. I found it exceedingly difficult to cure spermatorrhœa until this method was adopted; but since I began this mode of treatment my cases have improved from the beginning, and in a remarkable rapid manner. With reference to this matter *Brown-Sequard says:

"In women, as well as in men, the only usually decisive means against masturbation is the production of a small ulcer (by caustics or the red iron) on parts of the genital organs that are unavoidably touched or moved in the act of self-abuse, so that every attempt to accomplish the act, either with or without the help of the hand, is so painful that the patient must give it up."

Neuralgiæ of the Middle Period of Life.—By this period we understand that time of life between twenty-five and forty-five or fifty years. This is an exceedingly trying time for both men and women. Men begin the struggle of life during this period, and keep it up, in many instances, at the expense of an immense amount of nervous force. Women are bearing children, and nursing them, and watching and caring for them through the trying sicknesses of infancy and childhood. These, with the cares of the household in general, produce no

*Diagnosis and Treatment of Functional Nervous Affections.

little wear and tear on the woman's life. The sexual organs are in full vigor at this time, and excesses are likely to lead to the development of nervous difficulty of some kind. The unnatural state of celibacy to which some women are condemned is sometimes a fruitful source of nervous derangement. The demands of fashionable life, dissipation, late hours and late suppers—these have their influence in producing disease. But, as Anstie says, although many cases of neuralgia are seen at this period, few are developed for the first time. Old cases may return and be kept up by the severe mental strain men and woman undergo at this period; but the first attack begins a little earlier, or a little later on. *In speaking of this, the same author observes that men may break down at this period, but do not ordinarily show the failure of the nervous system in attacks of neuralgia, but rather in the form of hypochondriasis, paralysis or insanity.

Neuralgiæ of Declining Bodily Vigor.—Of these there is little to be said under this head. They are however, among the most intractable of the neuralgiæ. A first attack, coming on late in life, when physical decay has begun, will ordinarily prove but slightly amenable to the action of medicines; and especially will this prove the case if atheromatous changes have taken place in the arteries.

Neuralgiæ which are directly due to Mal-nutrition or Anæmia.—A large number of neuralgic affections come under this head. It may not be absolutely true that mal-nutrition or anæmia directly produce neuralgia, but it is quite certain that they do excite the "*neuropathic predisposition*" with the consequent occurrence of neuralgia. It is common to find that neuralgic patients generally have, as a rule, poorly nourished bodies. They have little or no appetite, while there is frequently a marked dislike to almost all kinds of food. To get your patient to eat is a matter of the greatest necessity, and yet, in many cases, an almost insurmountable difficulty. There exists an extreme abhorrence of food, and especially to that of a fatty

*Neuralgia and the Diseases that Resemble it.

character. This condition of mal-nutrition is frequently a consequence of vital losses such as hæmorrhage; long-continued and profuse leucorrhœa, or the drain of nursing. Grief, anxiety, or night-watching may produce it.

*Too much importance cannot be attached to this subject of mal-nutrition. A neuralgic affection means in many instances, starvation. It means that the pain-racked body is below the health-line. It means that a necessity of the animal organism—food of some kind—is wanting. Examine closely these patients, and you often find starvation at the bottom of the difficulty. An impoverished condition of the body has arisen as a consequence of want of food, rest, sunshine, or exercise. A healthy body needs all these, and must have them to be well. Even if a subject eats a sufficient quantity of food, (which is rarely the case), hæmorrhage, leucorrhœa, or the drain of nursing will often more than keep pace with the efforts of nature to keep the body up. I have laid special stress on this subject, because I am convinced that numberless cases of neuralgia will receive little benefit from treatment, unless this matter of mal-nutrition is constantly borne in mind. No matter what the cause of the neuralgia, an impoverished condition of the body generally makes it worse. The further the body departs from a strong, healthy, vigorous condition, the more liable is it to some nervous affection, such as neuralgia, hysteria or insanity; and as it approaches the health-line, certain it is, that most of these difficulties abate in severity, and many of them depart never to return.

On this subject †Dr. James Bennett says :

“I often compare the animal organization to a house built of bricks. If they are good, applied in their proper places, and cemented with sound mortar, the house is a good one, and can defy the elements—storm, rain, frost, and even time—for centuries. But if the bricks and mortar are bad, and imperfectly put together, a house may be reared fair to look at, but unable to stand the test of the elements, and in time crumbles to pieces; the mason is ever repairing it, but in vain. So it is with the animal organization.

*An interesting article on this subject, entitled “The Malady of Innutrition,” by Dr. George Bayles, may be found in the *New York Medical Journal*, January, 1877.

†Nutrition in Health and Disease.

Each meal is a brick; if the food is good and appropriate; if, the nervous system being sound, the functions of digestion and assimilation and chyli-fication are efficiently carried out, nutrition is accomplished throughout the economy in a perfect manner, and the animal economy is solidly built up, day by day, week by week, year by year."

*Anstie mentions Mercury as a cause and cites a case, showing the terrible influence of this drug in producing this condition, with the accompanying severe neuralgic pains:

"Whenever she took cold, or was over-fatigued, or depressed from any bodily or mental cause, she was certain to experience a recurrence of the pain. At the time of her application to me she was suffering from an attack of more than ordinary severity. * * * She apparently could not find words to express the acuteness of her sufferings."

The local varieties of neuralgiæ will now claim attention. The arrangement of Valleix, the one generally accepted, will be followed:

I. SUPERFICIAL NEURALGIA.

II. VISCERAL NEURALGIA.

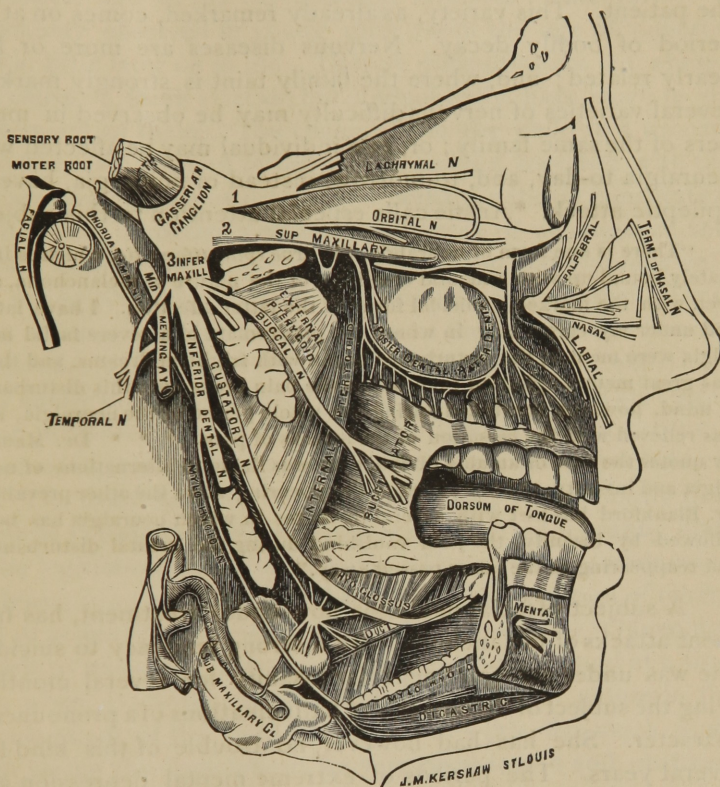
The superficial neuralgiæ of which we shall treat are as follows:

- (a) Neuralgia of the fifth (trigeminal or trifacial.)
- (b) Cervico-occipital neuralgia.
- (c) Cervico-brachial neuralgia.
- (d) Intercostal neuralgia.
- (e) Lumbo-abdominal neuralgia.
- (f) Crural neuralgia.

Neuralgia of the fifth nerve may implicate one, or all three branches. The ophthalmic division is the one commonly affected. The principal *tender points* are to be found at the supra-orbital notch, the inner angle of the orbit, and at the junction of the cartilage of the nose with the nasal bone. The *tender points* of the inferior maxillary division may be found just in front of the ear, and at the mental foramin. Another tender point, and a pretty constant one in prosopalgia, is a small spot to be found about the centre of the parietal eminence. Neuralgia of the

*Neuralgia and the Diseases that Resemble it.

fifth, may be developed at any time, but is frequently experienced for the first time at about the age of puberty. A plate of the fifth pair is here introduced showing the course and various ramifications of this important sensory nerve.



When neuralgic pain occurs for the first time at about the climacteric, it is excessively severe and very difficult to treat. Neuralgia coming on late in life, the *tic epileptiforme* of Trousseau, is an almost unmanageable complaint. The wear and tear of a whole life seems sometimes to culminate in a neuralgia, severe beyond expression.

This variety is distinguished by the suddenness of the attacks, and the extreme severity of the pains. There is a family

taint of insanity in many of these cases. A strong tendency to suicide, together with periods of profound melancholia are observed in numerous instances, and these states are frequently out of all proportion to the amount of suffering experienced by the patient. This variety, as already remarked, comes on at the period of bodily decay. Nervous diseases are more or less nearly related; and, where the family taint is strongly marked, several varieties of nervous difficulty may be observed in members of the same family; or, one individual may be affected with neuralgia to-day, and, to-morrow, instead of neuralgia, have an epileptic attack. *Anstie calls especial attention to this subject.

“There is one form of neuralgia, the true *epileptiform tic*, which is intimately bound up with a mental condition of the nature of melancholia, and even with the markedly suicidal form of the latter affection. I have lately had under my care a lady in whom the prodromata of a severe facial neuralgia were mental; the disturbance began with frightful dreams, and there was great mental agitation even before the pain broke out; this disturbance of mind, however, continued during the whole period of the neuralgia, and was relieved with the cessation of the attacks of pain. * * * Dr. Maudsley quotes the case of an able divine, who was liable to alternations of neuralgia and insanity, the one affection disappearing when the other prevailed. Dr. Blankford has met with several instances in which neuralgia has been followed by insanity, the pain vanishing during the mental disturbance, and reappearing as the latter passed away.”

A subject of facial neuralgia now under treatment, has frequent attacks of melancholia, with a strong tendency to suicide. She was under my treatment for insanity for several months, being the subject of delusions and hallucinations of a pronounced character. She has had however, no trouble of this kind for several years. The periods of extreme mental depression accompany the neuralgic attacks, but bear no relation to the degree of pain experienced by the patient. I call to mind a case under my charge some time since, in which there was a regular alternation of attacks of facial neuralgia and of asthma. While the asthma was present, no neuralgic attack occurred; but, as the asthma became better, the facial pain returned. A common variety of trigeminal neuralgia is that known as

*Neuralgia and the Diseases that Resemble it.

CLAVUS HYSTERICUS.

The pains are exceedingly severe, and confined to one or two definite points. These painful points are found at the parietal eminence, and at the supra-orbital foramen. This variety is commonly observed in young girls about the age of puberty, and a little later on in life. Uterine difficulties are not always the cause of these attacks, but undoubtedly have much to do with many of them. The change from the child to a woman, with the development of the sexual instinct, together with the accompanying serious drains on a perhaps delicate constitution—these will sometimes cause an outbreak of neuralgia of this class. Many children are apparently strong and vigorous until the trying time when the child becomes a man or woman. Then, as it seems, all the latent weaknesses of the constitution become manifest. The weaknesses, hardships, imprudences, sufferings, and family taints of past generations of whatever kind are visited upon the developing individual in the form of insanity, neuralgia, consumption, epilepsy, hysteria, chorea, catalepsy or imbecility. The individual, the offspring of a family tree seriously deficient in certain requisites (mental or physical) of a healthy man, is the legitimate fruit of such stock. The neuralgia, madness or epilepsy, is no accident, but the natural manifestation of inherited or acquired weakness. The modern process of "cramming" which so many children are obliged to undergo, and at a time too, when extraordinary demands are made on nature in the development of the child into an adult—this has much to do with laying the foundations for very deep-seated and obstinate neuralgia. A child with a constitution strongly predisposed to neuralgia or to some other nervous difficulty, is, as the result of this mode of living and study, rendered even more liable to suffering from this class of diseases. The physical of a child of this kind should be taken in charge from the beginning; and by means of rules of living based on sound physiological laws, developed into a strong, vigorous, healthy man or woman. Only in this way can a strong family predisposition to neuralgia be overcome, and the individual be freed from the tyranny of a bad

organization, certain, if not properly met, to entail years of anguish and suffering.

*Of this matter of inheritance Dr. Maudsley says:

"It sometimes happens that a child is born with so great a natural instability of nervous element, that on the occasion of very slight irritation the most violent convulsions ensue. Or the evil may be less serious, and the individual may be equal to the ordinary emergencies of a quiet, favorably spent life; but there is an absence of that reserve power necessary to meet the extraordinary emergencies and unusual strain of adverse events. When, therefore, an unaccustomed stress is laid upon the feeble nervous element, it is unequal to the demand made upon it, and breaks down into a rapid degeneration. The most common course of this innate feebleness * * * is an unfortunate inheritance, the curse of a bad descent; any sort of disease of the nervous system in the parent seems to predispose more or less to this ill condition of the child, the acquired deterioration of its parent becoming its inborn organic feebleness."

While on this very important subject of family taint and general constitutional defects, especially in children and in growing young people, I wish to call attention to some observations by Dr. T. C. Duncan. He says:

"But I do wish to call your attention to children's backache, which is a spinal dorsal congestion giving rise to enuresis, colic, restless sleep, indigestion, worm symptoms, etc., culminating in headache, and finally, as they grow up, into hysteria, melancholia, masturbation, menstrual trouble, sometimes hemiplegia, or prosopalgia. I have met many such cases. Colic is an early and obstinate index of the trouble. Have met the same congestion of the solar plexus with a long train of complicated effects and confusing symptoms. These foci of congestion seriously interfere with nutrition. These troubles give us the abdominal "night terrors" so similar to cerebral "night terrors,"

This is a matter to which my attention has not, heretofore, been called; but, as supporting this position somewhat, I call to mind the fact that †Dr. Radcliffe expresses the opinion, and strongly upholds it, that organic infantile paralysis with its long train of symptoms, is nothing more than a spinal congestion, and that this congestion is very like that met with in the adult.

Anstie believes *clavus hystericus* to be more frequently due to anæmia than *migraine*, and says that some of the worst

*Physiology and Pathology of the Mind, p. 76.

†Reynolds System of Medicine, Vol. II, p. 708.

cases were undoubtedly developed in the old days of phlebotomy. It is certainly true, that many cases of neuralgia are due to anæmia, and a common manner in which this condition is brought about, is as a result of frequent and long-continued flooding. I am sure that some of the worst cases coming under my observation, have been those due to frequent and profuse hæmorrhages, together with loss of sleep, rest, and want of proper food. The pains of *clavus* are frequently very severe, confined to a single spot as already mentioned, and from which they do not radiate. The pains are sharp, darting, digging, as though a nail were being driven into the cranium at the painful point. The hysterical element strongly predominates in the composition of subjects of this variety, and, as a consequence, there is an undue exaggeration of their sufferings. They certainly experience pain, at times exceedingly severe; but I do not think this is always the case. A desire to excite sympathy, together with other reasons will often cause the patient to appear very miserable, when the pain is really quite bearable. I was called to see a lady a few years ago whom I found suffering, as it seemed, with severe facial neuralgia of the variety now under consideration. I prescribed for her and left. Her husband returned for me in a few hours, saying his wife was no better, but indeed a great deal worse. At my second visit, I learned, by means of a little quiet talk with the nurse, that her mistress made scarcely any complaint when her husband was down town, but as soon as she heard him ascending the stair-case, she began to lament and cry, which increased in intensity, until, by the time he reached her bed-side, her suffering was apparently extreme. Domestic difference of some kind was at the bottom of the difficulty, and the woman took this means of getting even with her husband. As bearing on this subject *Dr. Reynolds says:

“A middle-aged, hysteric woman, whom I saw in hospital a few days ago, had been lying for weeks with her hand before her eyes “to keep out the light” of a dull London sky. Bringing a candle before her—the room being so dark from an accidental fog, that I could not see the pupils—she shuddered, knit her brows, and held both hands between her and its feeble

*Reynolds System of Medicine, Vol. II.

light. There was no undue contraction of the pupils, and when her mind was distracted to the condition of her front teeth—the light being still close to her eyes—the brows were relaxed, the hands removed, and there was no expression of uneasiness. This is but one example of a large class of dysæsthesiæ which may be commonly observed in the hysteric.”

MALARIAL NEURALGIA.

The ophthalmic division is the common and almost exclusive seat of *malarial neuralgia*. The pains are sharp, lancinating, and confined generally to the point mentioned. The attacks are distinctly periodic, and may, or may not be accompanied by other symptoms of malaria. I have many times seen cases of this kind, and they were quickly and permanently relieved by treatment directed to the malarial difficulty. Sometimes, however, these cases are exceedingly difficult to treat, just as we frequently find those of malarial fever. Quinine will often relieve an attack at once, and is generally the remedy of remedies. It is, however, quite common for neuralgia of this variety to return again and again after its suppression by means of Quinine. I think, however, that Quinine will very much oftener cure a neuralgia of the first division of the fifth, than it will a regular intermittent fever. I do not think the large doses of the old school necessary, the homœopathic preparations being amply sufficient. A neuralgia of this class, of which there are so many in this Western country, often proves an obstinate affection, especially in those cases where drugging has been carried on systematically for a length of time. Where Quinine is not the remedy, and yet is persistently administered, a species of cinchonism is set up which prolongs and greatly aggravates the complaint. The same may be said of Mercury and of some other drugs. The most common of the trigeminal neuralgia is

MIGRAINE.—SICK-HEADACHE.

I am aware that this is considered by many as headache simply, and not neuralgia. I believe, however, that a little careful observation will show, in many cases, that distinct branches of the fifth are implicated; that it is one-sided; and that the stomach difficulties are the result of the neuralgia, and not the cause.

It is commonly believed that these attacks of pain are properly—"bilious sick-headaches" and that every individual having such attacks is "bilious". Now I am sure that this will not hold good with regard to many of the cases met with every day. A little bilious matter may be thrown up with the vomiting, but this is by no means always the case. Subjects of this complaint frequently have clean tongues, are pale, anæmic, thin and delicate. *Anstie says:

"It is an affection which is entirely independent of digestive disturbances, in its primary origin, though it may be aggravated by their occurrence. * * The history of the attacks negatives the idea that the vomiting is ordinarily remedial. This symptom merely indicates the lowest point of nervous depression; but it may happen that a quantity of food which has been injudiciously taken * * may of itself greatly aggravate the neuralgia, by irritation transmitted to the medulla oblongata."

I do not mean to say that all sick-headaches are properly nervous, but I do believe that many of them are so, and that they can only be relieved by treatment based on such knowledge.

†Dr. Ruddock says: "They usually commence on rising in the morning, the patient being pale, dark around the eyes, the pupils contracted, and looking and feeling extremely ill. Giddiness, swimming in the head, throbbing of the temples, and stupefying or agonizing, deeply-seated headache, often limited to one spot on the side of the head, on the forehead, over the eyes, and increased by movement, noise, strong light, and any kind of mental perturbation. The gastric symptoms—clammy mouth, anorexia, nausea and vomiting, or more generally retching—are secondary rather than primary, having no necessary connection with any impropriety of diet."

He further says that it is observed in persons of a nervous temperament, that it runs in families—is frequently hereditary—and that the cause is to be sought for in some constitutional peculiarity, and not in the stomach of the patient. These sensible observations are borne out by every-day experience, and place certain of the sick-headaches where they properly belong—among the neuroses.

The sufferings of subjects of severe *migraine* is something terrible to witness. The eye of the affected side is bloodshot,

*Neuralgia and the Diseases that Resemble it.

†Text Book, Medical and Surgical.

the tears stream down the cheek, the sight is clouded, the eyelid droops, and the muscles twitch and jerk in a manner that aggravates tenfold the tearing, darting pains already experienced. There is no fever, but a low, depressed condition, with a chilly body, cold feet, and a small, wiry, compressible pulse. Now, this condition is just the opposite of bilious—is neuralgic.

As bearing on this subject I cannot refrain from quoting a few lines from *Dr. Shuldham's sensible little book :

“ If we can clearly establish the fact that the so-called nervous headache is only another form of neuralgia, it must of necessity follow that the treatment of this headache should be similar to that adopted in cases of neuralgia. As we see that warmth and stimulants are most grateful to sufferers from facial neuralgia, and that cold air and a poor diet are equally trying in this affection, so we may conclude that sufferers from nervous headache would hail with delight, “ a snug corner at their own fireside ”, and the cheering stimulus of a glass of their favorite wine.

And in his own practical, sensible way, he cites the following case :

“ When called to see her, I found her lying in bed, with a face of ashy paleness, with cold hands and feet, and in a cold bed-room without a fire and the time of the year was winter. To add the last straw that should metaphorically break the camel's back, she had some clothes dipped in icy-cold vinegar and water applied to her already cold forehead and temples. The pulse was miserably weak, as it ought to have been under such chilly circumstances. I was informed that my patient had a bilious headache, and was asked if I could give her anything for the liver, as she complained of nausea. In reply, I said that I could not without predjudice to the patient or myself give her anything for her liver, as I did not believe that this much injured organ was at fault ; but that, if she would submit to my direction, I should substitute a sponge dipped in hot water for the cold cloths ; I should also supply the patient with a hot water bottle to the feet, an extra blanket, a plate of soup, and two glasses of champagne.”

These sensible suggestions were carried out ; and, within an hour the lady was better, and in a short time entirely well.

THE PAINS OF SYPHILIS.

There are cases in which pain of a neuralgic character is complained of, which is perhaps not properly neuralgic, but the location of the pain, the course and general character of the at-

*Headaches—Their Causes and Treatment ---London, 1876.

tacks so strongly resemble neuralgia, that a distinction between the two cannot in many instances be made. A careful inquiry into the history of these cases, will show them to be due to syphilitic infection. I think there are more of these cases than is generally suspected. They are found frequently too, where one would least expect to find them—in the ranks of the best society. The weak, delicate, sensitive, impressible, hysterical women, are the common subjects of this trouble; the disease engrafting itself upon the general sensory nervous system, as the most vulnerable point, and manifesting itself in some form of neuralgia. Pains of this kind are exceedingly common, and are often very obstinate and troublesome, because of the difficulty in tracing them to a syphilitic origin. This is especially the case, if the subject happens to be a lady of the upper ranks of society. *In an excellent paper on "Syphilitic Affections of the Brain", Dr. Broadbent reports several cases showing the symptoms following syphilitic infection, in most of which cephalalgia or neuralgia was a prominent symptom. He says:

"Even men, with no motive or desire for concealment, and ready to confess venereal accidents, will refuse to acknowledge syphilis, of which they bear evident tokens. * * Women are of course, as a rule, kept in ignorance, and the few who know that they have suffered from syphilis have usually the strongest reasons for concealment of the fact; so that * * it is useless always, and often cruel to ask a woman in so many words, if she has had syphilis. In women, again, we have the fact that when the disease is communicated, not directly from the husband, but indirectly through a fetus begotten by a syphilitic father, the very first syphilitic manifestations may be tertiary visceral lesions. I have met with cases * * * in a station of life and under circumstances which absolutely exclude the idea of irregularities on the part of the wife before marriage."

In the several cases mentioned, pains in the head were prominent symptoms. †In a lecture delivered by M. Charcot, at the Salpêtrière, on "Partial Epilepsy of Syphilitic Origin," he lays great stress on a peculiar kind of headache which he believes is always intimately related to cerebral syphilis. Of a particular case he says:

*London Lancet, February 1877.

†St. Louis Clinical Record, May, 1877.

"This headache never entirely ceased; it was localized in a circumscribed space, not much larger than a franc (twenty cent piece), above the right eyebrow toward the temple. At a later date, there were more exacerbations, during which it extended to the vertex, and even to the occiput, without, at any time, leaving its first location. These exacerbations took place usually at about 7 P. M., extending into the night and often hindering sleep. They were followed by vomiting."

These attacks of syphilitic pain frequently accompany paroxysms of epilepsy or insanity. *Anstie gives a very minute and excellent account of these pains, and says that they resemble true neuralgia very closely, but differ from it in being distinctly aggravated by warmth and repose. They are also symmetrical. He reports one case which strongly resembled clonus. The subject was a laundry girl, aged nineteen, who complained of severe pain in the right parietal region, coming on three times a day with great regularity. One of the three attacks occurred in the night, awaking her from sleep, and was so intensely painful on several occasions, as to make her delirious. She was very anæmic, complained of noises in her ears, and her menses, though regular, were scanty. Careful inquiry showed the girl to have been exposed to syphilis, and Mercury in small doses was given with the result of curing her entirely in three weeks.

†"The situation in which, of all others, they are likely to be mistaken for neuralgia is the scalp or face, especially when a single spot is affected on one side, and, in the situation of one of the usual foci of trigeminal or occipital neuralgia. * * * The possibility of mistaking tertiary syphilitic pain for neuralgia, is fraught with such grave dangers, that we ought to be constantly and most vigilantly on the watch against it. But most especially is this the case when the pain is situated in some part of the cranium, as the parietal or temporal eminences, the mastoid process, or the prominences of the occipital bone. For it must be remembered that the same process, which forms syphilitic nodes upon the extreme surface of bones, or within bony canals, can produce them on the lining membrane of the skull, with most serious consequences, should the symptoms be neglected or misunderstood."

I have dwelt somewhat minutely on this subject of syphilitic pain because of its great importance. Syphilis, recognized

*Anstie—Neuralgia and the Diseases that resemble it. † pp. 326—327.

at an early date, is, comparatively speaking, easily controlled; yet everyone knows how dreadful may be the consequences if not recognized and properly treated before organic change has taken place. Anstie mentions as a probable cause of trigeminal neuralgia the extension of syphilitic disease to the vertebral artery of the side affected, and as a consequence, interference with the "nutrition of the trigeminal nucleus in the medulla." He cites a case reported by Dr. Hughlings Jackson, in which the first symptoms of disease were severe neuralgic pains of the right side. Paralysis of the fifth, sixth, seventh and eighth nerves followed. *Post-mortem* showed the right vertebral artery to be involved in a mass of syphilitic deposit. The superficial origin of the fifth was also found to be softened opposite the pons. Another way, in which he believes trigeminal neuralgia may be induced, is as the result of syphilitic disease of the Gasserian ganglion, the nutrition of the sensory root of the fifth nerve being interfered with in that way. This appears quite reasonable, and trigeminal pain is doubtless due to such changes in some instances of syphilitic disease.

THE PAINS OF GLAUCOMA.

I wish to call attention, just here, to pains of a neuralgic character which are premonitory to, or accompany that very serious affection of the eye known as glaucoma. This is an important matter from the fact that simple neuralgia, although exceedingly painful, is not immediately destructive to life or to any organ of the body; while a glaucomatous affection is pretty certain to end in loss of sight if not recognized and properly treated. It is important too, from the fact that it is quite impossible in the present state of medical knowledge, to detect any difference between the pains of glaucoma and those of neuralgia. I refer, of course, to pains experienced early in the disease, before the characteristic signs of glaucoma are developed. There appears to be an intimate connection, in some instances, between glaucoma and true neuralgia. This is *An-

*Neuralgia and the Diseases that resemble it.

stie's conclusion, and he does not hesitate to assert that cases of glaucoma have followed, and were due primarily to neuralgia. He is very positive with regard to this matter and says that "there is now sufficient evidence to show it is sometimes entirely, and very often in considerable part, neuralgic in its origin. I am necessarily without the means of personally observing glaucoma on the large scale, but I have now seen two cases in which, if I possess any faculty of clinical observation whatever, the whole genesis of the disease was in a neuralgic disorder of the trigeminus. * * * There are now a good many recorded instances of neuralgic glaucoma, and Mr. R. Brundell Carter, of St. George's, and the South London Ophthalmic Hospital, recently assured me that the nervous aspect of some forms of glaucoma presents itself strongly to his mind, though he does not commit himself to any theory." And he further says that there are two cases reported by Mr. Hutchinson, and others by Dr. Wegner, and by Prof. Horner of Zurich. Of this matter, Mr. *Carter says:

"Wegner, in 1856, was the first to direct attention to the frequent occurrence of high ocular tension in connection with severe neuralgia; and I believe that this combination of occurrences is much more frequent than is commonly supposed. * * * Everyone who has had opportunities of watching cases of trifacial neuralgia, knows how frequently the sight of the eye of the affected side is rendered dim during the severity of the paroxysm; and I believe it will almost invariably be found that this dimness of sight is associated with, and is undoubtedly produced by a temporary increase of tension."

Dr. T. P. Wilson writes me as follows:

Glaucoma presents us the most striking phenomena of profound primary nervous disorder, but it must be confessed that as yet we know but little concerning the conditions that are antecedent to the changes which we observe in the eye. Our ability to differentiate this disease from a large mass of complicating diseases is of comparatively recent origin. It has so far been studied almost exclusively by ophthalmologists and as a result, the investigations have been confined to changes wrought in the structure and function of the eye. It is largely left for future investigators to search more deeply into the causes and origin of these changes. Whether, indeed, we shall ever find such molecular changes in the nervous cords and ganglionic centres as will enable us to connect those changes with the conditions

*The London Lancet, October, 1876.

which we recognize as belonging to glaucoma, so that they may clearly stand to each other as cause and effect is a question. At present we know two facts of some importance looking to the solution of this question.

1st. Glaucoma, with few exceptions, is always characterized by severe pain, often amounting to a high degree of neuralgia, which by no means confines itself to the eyeball, but affects the circumorbital region as well, showing the first and second divisions of the fifth pair alike and simultaneously involved.

2nd. Glaucoma, is as a rule, always characterized by increased intra-ocular tension. The increased hardness of the eyeball, however we may account for it, is quite clearly connected with perverted nutrition of the tissues of the eye.

3rd. In trifacial neuralgias, it is not uncommon to find, when the pain is most severe, a perceptible increase in the tension of the eyeball.

This to be sure is not going very far, but it is in the necessary direction. Both the character of the pain, and the increased tension, are factors common to neuralgia of the fifth pair and the conditions which we recognize as glaucomatous.

In this brief statement I have assumed, on the part of the reader, a familiarity with the nervous relations of the eye. It remains therefore for me to state, that I have not referred to the sympathetic, because we are even less informed concerning its relation to the eye, than we are of the cranial nerves. In glaucoma most undoubtedly the sympathetic plays an important part, but we are not yet in a condition to unravel all the mysteries that pertain to this complicated subject.

Still on this subject I incorporate a few lines received from Dr. C. H. Vilas. He says:

"In nearly all cases of glaucoma occurring in early life, there will be found to have been more or less neuralgia of the first division of the fifth nerve, and this pain will have been present before any eye symptoms have been mentioned. It is not an uncommon thing for a busy practitioner to allow a case of glaucoma to become fully settled ere anything more serious is thought of than a severe neuralgic attack, because all are familiar with the cloudiness of vision, attended with more or less pain, which accompanies a severe attack of this common complaint. Conversely, I am sure I have seen more than one case hastily diagnosed as glaucoma, and an iridectomy advised which was but the cloudiness of vision dependent on a chronic facial neuralgia, and which yielded permanently to well-chosen remedies."

On this subject Dr. James A. Campbell has kindly furnished me the following:

1. The neuralgic pains which generally accompany glaucoma do not essentially differ from neuralgia affecting the same nerves from other causes.

2. Ciliary neuralgia in glaucoma is often present in the earlier stages—sometimes not until the latter part of the premonitory stage; and in some forms it is quite absent. Glaucoma may go on to entire blindness without any pains or neuralgia.

3. That the pain associated with glaucoma is caused by increased tension of the eyeball, is demonstrated by the fact, that it is relieved when tension is relieved. It is thus a result and not the cause; yet it has been repeatedly demonstrated, that long continued irritation of the ciliary nerves may produce glaucoma; still this is an indirect cause and the glaucoma resulting should properly be classed with that form of the disease known as “secondary glaucoma”, which may follow many forms of eye trouble.

4. There is no marked feature in the neuralgia of glaucoma which differentially characterizes it as glaucomic. Other diseases of the eye are accompanied by very similar pains.

A great deal might be said on this subject of the pains of glaucoma, but a want of space forbids. Suffice it to say that too much care cannot be exercised in examining cases of tri-facial neuralgia, that the true condition and cause of the disease be discovered. A single symptom of glaucoma does not make the disease glaucoma; but, if on careful examination, we find, beside the neuralgic pains, the peculiar cupping of the optic nerve, the hardness of the eyeball, the fixed condition of the pupil, the colored halos around the gas or candle light, and the intermittent dimness of vision—if these symptoms are observed, we may safely pronounce our case one of glaucoma, a disease much more serious than neuralgia, and one calling for sound judgment and ability on the part of the practitioner.

THE PAINS OF GOUT.

Pains accompanying this disease strongly simulate those of true neuralgia in some cases. They are quite different however, which a careful examination of a given case will show. Anstie says there are six situations in which these pains may be developed, and strikingly resemble neuralgia. These situations are in the eye; within the cranium (an indefinite point); in the stomach, causing pains like those of gastralgia; in the chest causing pain and general symptoms like *angina pectoris*; in the dorsum of the foot and anterior tibial nerve; and in the hip and back of thigh causing pains like those of *sciatica*. The history

and general mode of living of a patient suffering from the pains of gout are so different from those of a sufferer from true neuralgia, that these circumstances alone should have great weight in forming a diagnosis. As in the pains of syphilis, so with respect to the pains of gout, great care should be taken to arrive at a correct diagnosis, as the remedies ordinarily employed in neuralgia will have little or no effect on these affections. Dr. Garrod has shown that deposits of lithate of soda (chalk-stone) are frequently present in unsuspected situations. They have been found in the cartilage of the ear, and in the sclerotic of the eye.

THE PAINS OF CEREBRAL ABSCESS.

Of these pains little will be said at this time, as this subject will be considered in another part of this work. But as these pains and those of true neuralgia are very likely to be confounded, I have thought proper to introduce the excellent table of Anstie, showing the difference in history and character of the two kinds of pain:

CEREBRAL ABSCESS.

Often occurs secondarily to caries of internal ear, and purulent discharge, the result of scarlet fever, measles, etc., in childhood. Frequently follows a blow or injury.

NEURALGIA OF THE HEAD.

Rarely appears before puberty.

No true "points douloureux."

Comparatively seldom caused by a blow, or other external injury, or caries of bone.

Usually the pain does not completely intermit.

If severe, soon presents, in most cases, the "points douloureux."

Pain often excruciating from a very early period.

Intermissions of pain complete, and of considerable length.

Pain often limited in situation, seems deep-seated, though, as often as not, it has no relation to the site of the abscess.

Pain usually not very violent at first.

No well-localized vaso-motor or secretory complications.

Pain superficial; follows distributions of recognizable nerve branches belonging to the trigeminus or the great occipital.

Usually there are lacrymation, congestion of conjunctiva, or other vaso-motor and secretory complications.

Very rare in old age; then usually traumatic. Severe and intractable neuralgia is commonest in the degenerative period of life.

Relief from stimulant narcotics very transitory. Relief from opium, etc., is much more considerable and permanent.

He further says it is a golden rule to inquire carefully, if there is, or has been at any time, a discharge from the ear, or other sign of caries of the temporal bone; and that we should "regard with great suspicion any case in which there has been scarlet fever followed by deafness."

THE PAINS OF SPINAL IRRITATION.

I deem it necessary to say a few words with regard to these pains which are so like, in many instances, the pains of neuralgia; although this subject will be fully discussed in another portion of this work. As already remarked, these pains are very like those of neuralgia, and indeed, as *Prof. Erb says, it is sometimes a matter of taste, whether you call your subject's disease one of spinal irritation or neuralgia. It is certainly true that many subjects of spinal irritation suffer from severe attacks of neuralgia; and it is also true that the neuralgic pains are more or less intimately connected with tenderness of the spinous processes of the vertebræ. Severe pain can frequently be produced by pressure over one of these tender spinous processes, and felt not only at the point of pressure, but at some distant point, said point being the common seat of pain during the regular neuralgic attacks. Two cases now under my charge—one of cervico-occipital neuralgia, and the other a neuralgic affection of the first division of the fifth pair—are extraordinarily sensitive to pressure over the spinous processes in the cervical region of the cord; and, moreover, pressure over these points developes pain in the regions where pain is most decidedly felt during the severity of the neuralgic attacks. I find too, that as the neuralgia improves, the tenderness at these points diminishes. †Dr. Hammond has recorded the case of a lady, who, having been thrown from a carriage, was troubled some time

*Diseases of the Nervous System—Ziemmsen.

†Diseases of the Nervous System.

afterward with a rumbling noise in one ear, some headache, and flashes of light before the eyes. At the time of the accident, she was not stunned or apparently seriously injured. These were followed some months afterward by epileptic seizures and severe neuralgia of the fifth pair. She received treatment in this country without benefit, and finally went to Europe, but failed to obtain relief. In all this time she was treated for cerebral disease. On her return home, she was placed under Dr. Hammond's treatment, who, on examination, discovered great tenderness on percussion over the seventh cervical vertebra, and intense hyperæsthesia of the skin over the eighth. Concluding that spinal irritation was the real difficulty, he prescribed five drops of phosphorated oil three times a day, applied a blister to the painful spot, and passed the direct galvanic current once a day through the cord, placing the negative pole over the fifth cervical, and the positive over the sixth dorsal vertebra. She was entirely well in three months. I shall say nothing more on this subject now, but under the head of spinal irritation, shall endeavor to show how intimately connected are many cases of spinal irritation, with neuralgia of the fifth pair.

AFFECTIONS OF THE TEETH.

Dr. C. W. Spalding informs me that "a very large proportion of the cases of facial neuralgia located in the dental branches, are due to complete or approximate exposure of the dental pulp occasioned by decay. These cavities afford a lodgement for external irritants in the form of food and mucus, and thus excite a local inflammation of the tissue of the pulp. It is manifest that neuralgia may arise from this cause, as is shown by the frequent relief following the exhibition of remedies calculated to correct this condition. My chief reliance is on *Aconite nap.*; although *Gelseminum* is sometimes useful. Now, a chronic neuralgia, having as a first cause dental decay, continues, in many instances, long after the cause is removed, and even extraction of the tooth does not afford relief in such cases. It then becomes necessary to employ constitutional remedies."

*Tomes notes as causes of neuralgia: "Chronic inflammation of the pulp; difficult eruption of wisdom teeth, secondary dentine in the pulp cavity; decomposition of a dead pulp in a confined space; exostosis; alveolar periostitis, which may depend on the escape of decomposing matter through the pulp canal, or on the roughening of the fang by absorption; exposure of sensitive dentine (rarely.)" He further says that the cases of neuralgia due to disease of the teeth, are, from the absence of local pain frequently unsuspected. This is doubtless true in many instances, and is not surprising from the fact that there are people scrupulously neat in other things, who were never guilty of owning or of using a tooth-brush. Tomes relates the facts in the case of a gentleman who suffered intolerable neuralgic pain in the left eyeball. The pains were periodical, occurring at 7 o'clock in the evening, and at 3 o'clock in the morning. He was greatly worn out from loss of sleep and rest. The upper wisdom tooth, it was observed, lay with its crown extended toward the cheek, and, as it irritated the cheek it was removed. The neuralgia ceased from that time. An examination made some months afterward, showed a partially erupted tooth in the normal position of the wisdom tooth. †Wedl quotes a case reported by Galenzowski, where the patient suffered from complete amaurosis in conjunction with a severe intermittent neuralgia in the temporal region, face and eye. He was cured by the extraction of a carious bicuspid tooth, upon the root of which there was a splinter of wood that had caused and kept up an irritation of the dental nerves. In another case Wedl found a part of a tooth-pick in a carious tooth, which entirely filled the cavity. He cites a case from the Dental Review, by Kempton, of a woman who suffered from severe neuralgic pains in the right temporal region, sometimes extending over the face, and into the globe of the eye of the same side, which was due to, and disappeared after the extraction of the lower right wisdom tooth which was extensively carious.

*Dental Surgery.

†Pathology of the Teeth.

Too little attention has been paid to this subject heretofore, and as a consequence, a not uncommon cause of severe and intractable neuralgia is frequently overlooked.

GUNSHOT AND OTHER WOUNDS OF THE FACE.

Neuralgia of the face is an extremely common affection, and is frequently induced by an apparently very slight cause. Now, in view of this fact, it is surprising how few cases are reported as following violent injuries of the face and neighboring parts. Of a great number of cases reported on * "Gunshot Fractures of the Facial Bones" in very few was neuralgia complained of. The following case, however, is one of interest:

Case.—A. M. was wounded "by a pistol ball" June 26th, 1864, which entered the left cheek one inch and a half from the angle of the mouth, on a line with the external canthus of the left eye, passed horizontally beneath the nares, and emerged two and a half inches from the right angle of the mouth, on a line with the meatus auditorius externus, fracturing both sides of the superior maxilla. * * When admitted the incisors and canine teeth, attached to a fragment of the superior maxilla, were hanging loosely between his lips; the left bicuspid teeth were displaced, and the root of the left canine tooth was cut off and remaining loose above the fracture. * * The anterior palate was cut through and hung pendulous in the mouth. * * The fractured teeth and maxilla were placed in position with as much care as possible, and supported by a tin splint so formed as to fit over the upper lip and beneath the superior incisors, and held in position by a **T** bandage. * * * Pension Examiner E. D. Safford reports October 28th, 1868, that the bones have never united, and he has no ability to chew food, and is a great sufferer from facial neuralgia in consequence of the injury.

†Drs. Mitchell, Morehouse and Keen express great surprise at the frequent motor difficulties following gunshot wounds and other violent injuries, and the entire absence of, or very slight implication of sensory filaments.

"The most difficult fact to explain in this connection, is the great frequency with which a gunshot injury of a nerve causes total loss of motion and very little of sensation. * * Nor, can we conceive why, as sometimes happens, a ball should seem to have respected altogether the sensory fibres of great nerve trunks."

*Medical and Surgical History of the Rebellion, Part I, Surgical Volume, pp. 345 to

†Gunshot Wounds and other Injuries of Nerves.

Neuralgia was, however, a common complaint in the army; for of the various affections of importance, we find, under the head of *Local Diseases (during the years 1861-'62-'63) the following:

	CASES.	DEATHS.
Acute Bronchitis.....	168,715.	650.
Cephalalgia.....	66,862.	1.
Conjunctivitis.....	65,039.	1.
Pneumonia.....	61,202.	14,738.
Neuralgia.....	58,744.	18.

It is fair to assume that the cases treated were of such severity as to require medical attention; and in view of this, the number of cases of neuralgia noted above is large. It should be observed, too, that in this report, there are eighteen deaths recorded. This is surprising. Anstie reports a case, and here and there we find them, but such cases are rare.

CERVICO-OCCIPITAL NEURALGIA.

This form of neuralgia is experienced in the course of the posterior branches of the first four spinal nerves, the principal of which is the great occipital. The auricular branch and the small occipital are also the seat of neuralgia in this situation. The pains are felt in the posterior part of the head, neck, the side of the neck and face, and behind the external ear. This is sometimes a severe form of neuralgia. It has a tendency, too, to spread downward and involve the inferior branch of the fifth pair. In some cases of severe migraine, the seat of the pain is along the course of the great occipital. Anstie has known a case of this affection to cause great irritation and swelling of the submaxillary and cervical glands, and in which glandular abscess was suspected. I think that tenderness over the first four cervical vertebræ will commonly be found in neuralgia of this class. In several well-marked cases under my care this tenderness was observed; and as the neuralgia became better, the tenderness at the points mentioned gradually passed away.

*Medical and Surgical History of the Rebellion. Part I, Medical Volume.

CERVICO-BRACHIAL NEURALGIA.

Cervico-brachial neuralgia affects the nerves of the brachial plexus. The *tender points* are to be found in the (1) *axillary space*; (2) at the *angle of the scapula*; (3) a point about the *origin of the deltoid*; (4) a point at the *bend of the elbow*; (5) a point *outside the olecranon process just above the elbow*; (6) a point at the *back and side of the elbow*; (7) a point *over the ulnar nerve at the annular ligament in the wrist*; (8) a *radial point in the lower and external part of the forearm, where the radial nerve becomes superficial*. Neuralgia of this division may affect any or all of the branches of this plexus. Neuralgia of these nerves is sometimes extremely painful and very difficult to treat. It is frequently aggravated by *muscular movements* which, for some reason, especially affect an extremity. They are the cause of much acute suffering in some cases, by the forced movements of the parts, and will continue a neuralgia indefinitely that would ordinarily pass off in a short time but for this complication.

GUNSHOT WOUNDS.

Some of the severest neuralgiæ of this class have followed the reception of injuries, especially of gunshot and shell wounds. A number of very interesting cases are recorded in the excellent work of *Drs, Mitchell, Morehouse and Keen.

BURNING PAIN.

Pain of a peculiar kind and described as "burning pain," was commonly complained of by those who received injuries of the extremities. In the work just mentioned, these pains are described as terribly severe in some instances, and the only way in which relief could be obtained was by the wrapping of the affected parts in wet cloths.

CARIOUS TEETH.—REFLEX NEURALGIA.

A number of cases of cervico-brachial neuralgia have been traced to disease of the teeth, and naturally the removal of these has at once relieved the neuralgia. Anstie calls attention to this matter and says:

*Gunshot Wounds and other Injuries of Nerves.

"There is a special cause of cervico-brachial neuralgia which is of more importance than, till quite lately, has ever been recognized, namely, reflex irritation from diseased teeth. The subject of these reflex affections from carious teeth has specially been brought forward by Mr. James Salter, in a very able and interesting paper in the "Guy's Hospital Reports" for 1867, and Mr. Salter informs me, that he has been surprised by the number of cases of reflex affections, both paralytic and neuralgic, of the cervico-brachial nerves, produced by this kind of irritation."

*Wedl cites a case from Bell in which the pain in the arm was accompanied by tenderness of the lower second molar tooth. After extraction of this tooth the pain ceased, though it did so gradually. †Tomes also mentions carious teeth as a cause of cervico-brachial neuralgia. As already mentioned, this form of neuralgia is especially likely to be excited by injuries of various kinds. ‡Prof. Erb mentions as causes: "Penetrating and punctured wounds, gunshot wounds, contusions, luxations and subluxations, wounds made in venesection, burns, foreign bodies of all kinds capable of exciting irritation in the nerves, all forms of tumors, the pressure of aneurisms, the compression exerted by the callus of badly united fractures, affections of the vertebræ, etc." He also mentions exposure to cold, over-exertion of the arm, lead-poisoning and malaria as likely to cause neuralgia of this form. As affecting the nerves themselves a neuroma is often the exciting cause of persistent neuralgia of the upper extremity. An account of these bodies is given in Helmuth's Surgery. Under the head of neuroma, ||Franklin says: "This class of tumors are fibro-plastic in character, being composed of white or grayish matter, and containing a yellowish or brownish fluid resulting from a disintegration of the central portion of the abnormal growth. They are usually solid to the touch; are rounded or oval in shape; more or less movable transversely, but not in the line of the nerve upon which they are seated. They vary greatly in bulk, being found from the size of a pin's head to masses a foot or more in diameter, and often result from wounds, or partial division of nerves."

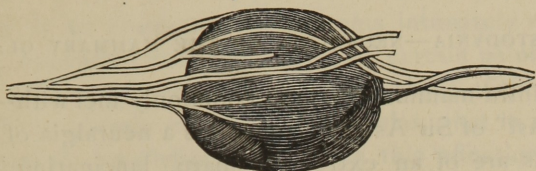
*Pathology of the Teeth.

†Dental Surgery.

‡Cyclopædia of the Practice of Medicine, Diseases of the Nervous System—Ziemssen.

||Science and Art of Surgery, Vol. I.

These tumors, together with the subcutaneous variety are often the cause of excruciating pain in the course of the larger nerves of the extremities. The pains are caused by the direct pressure made by these bodies on the nerves, and also by the stretching which they necessarily undergo in consequence of the enlargement of these bodies. These tumors may enlarge in a slow, gradual and constant manner, or they may alternately enlarge and diminish in size as the weather is damp or dry. In damp or wet weather these tumors have a tendency to enlarge. A cut of a tumor of the kind just described, is here given, show-



ing the passage of the nerve-fibrils over the body, and the consequent stretching which they are obliged to undergo. It might be mentioned that coldness of the affected parts and atrophy of muscular substance is commonly observed in severe cases of this form of neuralgia. *Drs. Mitchell, Morehouse and Keen report a number of cases of this kind in their work.

DORSO-INTERCOSTAL NEURALGIA.

The pains are like those of neuralgia generally, and affect the sensory fibres of the twelve pairs of dorsal nerves. The pains may be felt down the back and sides as far as the crest of the ilium, and in front, as far down as the symphysis pubis. Ordinarily, however, the neuralgia is only experienced in the intercostal spaces, at the sides and anterior walls of the chest. But one or two nerves are ordinarily affected at a time, the nerves between the fifth and the ninth being the ones commonly affected. This form of neuralgia is frequently observed in combination with angina pectoris, lumbo-abdominal- or cervico-brachial neuralgia. Intercostal neuralgia is more common on the left, than on the right side. There are several tender points to be found in cases

*Gunshot Wounds and other Injuries of Nerves.

of true intercostal neuralgia, which are sometimes important as distinguishing it from pleurodynia. These tender points are found over the spinous processes of the two or three dorsal vertebræ, corresponding to the affected nerves, at certain points over the affected nerves in the intercostal spaces, and at a circumscribed spot on the front of the sternum. These tender points are generally so small, as to be readily covered by the point of the finger. This form of neuralgia is commonly met with among women, much more frequently, indeed, than among men. A common form is that known as

MASTODYNIA—NEURALGIA OF THE MAMMARY GLAND.

The infra-mammary pain so commonly met with—the “irritable breast” of Sir Astley Cooper—is a neuralgia of this class. The pains are of an extremely sharp, lancinating, knife-like character. They come on in paroxysms, lasting a few minutes or a number of hours. The spinous processes of the fourth, fifth, and sixth vertebræ, are generally tender on pressure. A *tender point* is sometimes found on the nipple, and others on the sides of the breast. During severe paroxysms, the pains radiate into the neck, arm, back, etc. A case under my charge subject to attacks of pseudo-angina, is a great sufferer from infra-mammary pain. This neuralgia is common among nursing women, those subject to exhausting leucorrhœa, and in sufferers from metrorrhagia or menorrhagia. A chlorotic condition is a predisposing cause of this affection. It is common in hysteric and anæmic women. It is generally worse at the catamenial period, and is often a consequence of injury, or the presence of neuromata, which can frequently be felt beneath the skin, as little hard knobs or kernels. Anstie mentions a form of neuralgia which begins as the form under consideration, and finally, becoming gradually worse, assumes all the symptoms of true angina, pectoris. Mammary neuralgia is not the “hysterical breast” of Inman, which is myalgic, but a purely nervous affection. It sometimes results from cracked nipples, and is experienced during pregnancy by some women.

HERPES ZOSTER.

There appears to be a close relation existing between herpes zoster and neuralgic affections, but especially to intercostal neuralgia. The eruption may appear first and the neuralgia follow, or they may appear together. A patient of mine after a severe attack of angina pectoris, was the subject of an outbreak of this troublesome affection. Zoster may affect any part of the body, arms, face and lower portions of the body.

ERYSIPELAS.

There is an eruption which seems intimately related to neuralgia, appearing over the course of certain painful nerves, the intercostal commonly, but especially those of the fifth pair, and which so closely resembles erysipelas, that it cannot, in some instances, be distinguished from this affection. I have lately had a case of this kind, and *Anstie calls attention to this subject and cites several cases. It seems to bear the same relation to neuralgic affections, that zoster and causalgia—the burning pain of Mitchell—do. It accompanies the neuralgia at times, and at others alternates with it.

LUMBO-ABDOMINAL NEURALGIA.

This is a neuralgia dependent on irritation of the sensory fibres of one or more of the first four pairs of lumbar nerves. The pains are felt in the loins, hips, mons veneris, scrotum, labia majora, the side and anterior portion of the thigh, the anterior surface of the knee-joint, and the inner border of the foot and great toe. The *tender points* are to be found in the lumbar region corresponding to the nerves affected, a point on the crest of the ilium, along the course of the spermatic cord, on the scrotum, and, in the female, on the *labia majora*. The majority of subjects of this form of neuralgia are females, and the left side is commonly affected. The pains are of the usual neuralgic character, but not, ordinarily, so severe as some other varieties. The pains are experienced at the points already mentioned—the loins, hip, scrotum, labia majora, etc. It is commonly caused

by injuries, neuromata, herniæ, constipation, hæmorrhoids, disease of the uterus, vagina, the vertebræ, etc. As affecting the long nerves of the crural plexus, *Erb says we may have three different kinds of neuralgia. 1. *Neuralgia of the nervous cutaneous femoris lateralis*, the pain extending down the outer side and posterior part of the thigh. The *tender point* is at the anterior superior spinous process of the ilium. 2. *Neuralgia of the nervous cruralis*, the parts affected being the middle and inner portion of the anterior surface of the thigh, the front of the knee and the inner part of the anterior surface of the leg as far as the great toe. The *tender points* are to be found in the groin, inner side of knee joint, anterior surface of the ankle, and under the great toe. 3. *Neuralgia of the nervous obturatorius*, the pain being on the inside of the thigh, and extending as far as the knee. This form of neuralgia is uncommon, and is only of importance, because of its possible relations to obturator hernia, and as a means of diagnosing this disease, as shown by Romberg.

THE VISCERAL NEURALGIÆ.

Under this head we shall discuss neuralgic affections of the heart, diaphragm, stomach, kidney, liver, uterus, ovary, testicle, penis, urethra, bladder, rectum, brain, pharynx and larynx. Among all these one of the most important is

ANGINA PECTORIS.

This affection has received considerable attention from different authors, and various names, according to the opinion held by each individual of its nature and cause. †Eulenberg says: "The disease was regarded as essentially a *neuralgia of the nerves of the heart*;" that Laennec named it *neuralgia cordis*, Trousseau "epileptiforme neuralgia," and Romberg and Friedrich "a hyperæsthesia of the cardiac plexus." ‡Anstie opens his chapter on this subject by naming it *neuralgia of the heart*, and says:

*Cyclopædia of the Practice of Medicine. Ziemssen.

†Diseases of the Nervous System, Vol. XIV, Ziemssen.

‡Neuralgia and the Diseases that Resemble it.

“If there be any hesitation in treating this disease as exactly continuous with angina pectoris, it can, I think, be only reasonably justified on two grounds: In the first place, it may be urged that *acute* pain of the neuralgic type is not always present in angina pectoris; and, secondly, it may be urged that many cases of painful neurosis of the heart have been observed, in which the recurrence of pain with some amount of cardiac embarrassment has gone on for years, whereas the popular conception of true angina almost necessarily involves *rapid fatality*.”

Further on he says that there is the greatest difficulty in drawing a rational line of distinction between neuralgia and angina; that the basis of the affection is the same in both diseases, whether pain or spasm be the prominent symptom, and that angina pectoris is “one of those mischievous terms which, arising out of the mystified ignorance in which the elder physicians found themselves as to the pathology of internal diseases, have since been attached in turn to various organic changes, with none of which they had any essential connection.” And then he gives the symptoms of cardiac neuralgia which exactly corresponds to the affection which we know as angina pectoris. *Flint holds it to be essentially a neuralgic affection, although more or less intimately related to organic affections of the heart. With respect to the causes of this affection, †Eulenberg quotes from Landois who divides angina into four classes: 1. Disturbance of the activity of the excito-motor cardiac nervous system. 2. Conditions of irritation in the region of the cardiac branches of the vagus. 3. Reflex excitement, due to irritation of the organs of the abdomen (*angina pectoris reflectoria*). 4. An affection of the vaso-motor nerves of all, or of most regions (*angina pectoris vasomotoria*). Angina pectoris is an affection composed of attacks which come on at intervals of greater or less duration. The attacks are generally sudden, there being, as a rule, no premonitory symptoms. The subject is suddenly seized with severe pain just behind, and at the lower end of the sternum, which is of a burning, sharp, lancinating character, and which radiates in various directions, but especially to

*Practice of Medicine.

†Diseases of the Nervous System, Vol. XIV, Ziemssen.

the left side, shoulder, and *down the left arm*. The pains may also radiate to the right side, and in some instances have been felt in the lower extremities. The heart may beat irregularly, tumultuously, or very feebly; but there is always experienced the sensation as though the hearts' action was impeded; as though it was tightly held; as though it had not room enough to act—a sense of constriction in the cardiac region which, with a sense of impending dissolution, of extreme apprehension, renders the condition of the patient, for the time being, truly deplorable. The attacks may come on at any time, when walking, eating, or even while asleep, in consequence of a frightful dream. However, when the attacks come on, the patient is obliged to stand or sit perfectly quiet, scarcely daring to breathe. The face is bathed in a cold perspiration, pale or ashen-gray in appearance, and anxiety and extreme apprehension is depicted in every line of the features. During the paroxysm, the patient may be cold, chilly, the hands and feet bloodless, and a general anæmic condition of the cutaneous surface be present. After the attack, the body resumes its natural warmth, and, with the exception of more or less exhaustion, the patient feels quite well. There are cases, in which the face does not become of the pale, ashen hue mentioned, but rather becomes red, florid or purple. In other respects, however, the attacks are alike.

A paroxysm of angina may last a few moments only, or much longer. A patient may have one attack, and never have a return. This is the exception. One attack is likely to be followed by another, until finally they become more frequent, closer together, and of greater severity. There is a sense of exhaustion, too, experienced after these severe attacks, which is scarcely recovered from, before another paroxysm occurs.

It is in one of these attacks with the accompanying exhaustion that the patient dies. This occurs suddenly during a paroxysm. *Flint believes that death results in these cases, from the over-accumulation of blood within the ventricular cavities,

*Practice of Medicine.

and the stoppage of the heart as a result of paralysis from distension.

The *tender points* to be discovered in well-marked cases of angina, are over certain spinous and transverse processes in the cervical and dorsal region of the cord, and at the inferior angle of the scapula. Men are more liable to angina pectoris than women, and those past the prime of life, and those prematurely old, than young people. It is a disease not commonly met with under forty years of age. There are, perhaps, cases of pure angina; but these are, doubtless rare, as angina is more or less intimately related to organic affections of the heart. Now, this may not be strictly true, yet in most cases of angina, cardiac lesions of some kind may be discovered. Exactly what heart lesions are related to angina, cannot at this time be said. Ossification and obstruction of the coronary arteries apparently have some relation to this affection. Valvular lesions also, especially of the aortal valves with disease of the aorta, are observed frequently enough to create the suspicion of some relationship between the two affections. Exposure to cold, violent muscular exertion, and mental emotions are instrumental in bringing on paroxysms of this disease.

ANGINA PECTORIS AND ASTHMA.

Anstie calls attention to the apparent relation existing between asthma and pure neurotic cases of angina pectoris. He has reason to believe "that it occurs more often than is supposed, as a sequel to *asthma*." He relates the case of a gentleman who suffered from asthma which was followed after a while by attacks of facial neuralgia, culminating on several occasions in *facial erysipelas*. After some time he began to have attacks of cardiac pain, which finally assumed all the characters of angina. I have seen one case of this kind, the patient having a severe attack of cardiac pain, with all the general symptoms of angina. An attack of asthma followed, to which he has been subject ever since; but the anginoid symptoms never returned.

ANGINA PECTORIS AND TOBACCO.

My attention has not been specially called to the effects of tobacco on subjects of angina, but *Eulenberg notes it as a marked cause as follows: "The *excessive smoking of tobacco* seems to deserve to be regarded as an etiological factor. Beau describes eight cases in which the attacks ceased when smoking was stopped, and returned when the patient began to smoke again. The like is reported by Savalle, Championnere and Blatin, and I myself have made out several quite analogous cases. I have also observed very exquisite cases of angina pectoris in a young anæmic cigar maker, who had smoked a large number of strong cigars daily for several years."

The refined, educated class of people are the usual subjects of this affection; and hence we find its victims principally among professional men—physicians, lawyers, clergymen, etc.

The diagnosis of angina is sometimes a difficult matter. The following table will serve to show the symptoms for and against the existence of angina:

ANGINA PECTORIS.	FUNCTIONAL DISEASE.
Subjects past the middle period of life.	Young people—those in the prime of life.
Subjects under forty; generally males.	Subjects generally females.
Family predisposition to nervous affections, but not hysterical.	Hysterical or hypochondrical women, or effeminate men.
Extension of the pain to one or both arms, but especially to, and down the <i>left arm</i> .	This may or may not be so; but is not as repeatedly and constantly observed as in true angina.
Examination reveals arterial degeneration.	No evidence of arterial degeneration.
Valvular lesions. Aortic regurgitation. (?)	No signs of valvular disease.
<i>Remains in a fixed position, perfectly quiet during the paroxysm.</i>	Changes position, turns about, complaining and lamenting.
Anxiety, apprehension, fear of death.	The same symptoms observed.

CEREBRAL NEURALGIA.

†Anstie gives an account of certain intra-cranial pains,

*Diseases of the Nervous System—Vol. XIV, Ziemssen.

†Neuralgia and the Diseases that Resemble it.

which he denominates cerebral neuralgia. He does not believe that neuralgic pain is ever felt in the substance of the brain, but that the intra-cranial portion of the nerve trunks or the twigs of nerve distributed to the cerebral membranes are the parts affected. He believes there are two situations in which this form of neuralgia is commonly seated, an anterior and a posterior. The first is "at the giving off of Arnold's recurrent branch from the ophthalmic division, near the sella turcica, the other in the peripheral twigs of this same branch, distributed to the tentorium cerebelli." The pains are of an acute, sharp, splitting character, followed or accompanied by chilliness, and at their cessation leaving in the parts a sore, bruised feeling. In some instances the pains are deep-seated, the patient complaining of an overbearing sense of weight in the parts. Like the pains of neuralgia generally, they are periodic. Anstie reports several cases coming under his observation, in one of which the symptoms were quite alarming. He deemed them cases of cerebral neuralgia, and so treated them and successfully, giving hypodermic injections of morphia, and advising rest, and good nourishing food. I call to mind one case which I have reason to believe was of this class. She was a refined, nervous, elegant, accomplished woman, reduced to poverty, with all that pinching poverty means to such a woman. She suffered with neuralgic difficulties of various kinds, but was subject to deep-seated intra-cranial pains, sharp and darting at times, and at others of a heavy, crushing, pressive character. The pains came on periodically, and were accompanied by vertigo. She was pale, anæmic, weak, delicate and sleepless. Anxiety, worry and heartache brought on the attacks, and rest, mental and physical quiet, sleep, and good food relieved her.

GASTRALGIA.

By the term gastralgia, we understand neuralgia of the stomach. The pains, however, may be in the stomach, or about it; and when we call to mind the several nervous plexuses situated in the neighborhood of this organ, it may readily be con-

ceived, that at times, it is no easy matter to tell the exact seat of the pain. This disease has also been named gastralgia, and neuralgia of the abdominal pneumogastric. The pains are like those of ordinary neuralgia, sharp, burning, boring, lancinating, sticking, causing the patients to make pressure on the parts, twist, writhe, bend the body forward, lie on the abdomen, do every conceivable thing in fact, to obtain relief. The attacks are, in some instances, terribly severe, and I have seen one case, in which the patient was rendered unconscious in consequence of the acuteness of her sufferings; and Anstie has reported a case where the subject attempted suicide in order to escape his agonizing pains. Sufferers from gastralgia are, like subjects of neuralgia generally, pale, weak, delicate, bloodless individuals, with poorly-nourished, over-worked, tired bodies. Exhausting diseases, hæmorrhages, leucorrhœa, or constant nursing—these lead to a condition favorable to an outbreak of this affection. The subjects of this disease are generally women. As in the neuralgiæ generally, we find that pressure relieves; that heat, stimulants, and the ingestion of food conduce greatly to the comfort of the patient, which would bring about a state of things quite the contrary were the disease gastritis. There is generally great mental inquietude, with profound depression accompanying these attacks, from which, however, the patient soon rallies on the subsidence of the pain. Palpitation of the heart sometimes complicates the attacks. Gastralgia sometimes alternates with other forms of neuralgia, but especially with neuralgia of the ophthalmic division of the fifth. A lady now under my care, subject to attacks of pain in the first division of the fifth, has lately had several severe attacks of gastralgia; and another, a sufferer from neuralgia of the same nerve, has had a number of attacks of gastralgia of an intensely agonizing character. This affection may be confounded with dyspepsia, or with the passage of gall-stones; but a careful noting of the symptoms and history of the disease will make the diagnosis clear.

LARYNGEAL NEURALGIA.

This not common affection is principally observed in those

who use the voice a great deal—singers, clergymen, and others who talk or read constantly. Hysterical women are sometimes its subjects. The disease affects mainly the superior laryngeal branch of the pneumogastric in the course of its distribution to the larynx.

PHARYNGEAL NEURALGIA.

The pains of this disease are usually felt on one side of the pharynx, or back, but may be experienced on both sides. The pains are of the ordinary neuralgic character, and aggravated by talking, swallowing, or any movement of the pharynx. It is commonly met with among women, especially in those of a nervous, hysterical nature, and frequently leads them to believe that there is a serious inflammatory condition of the throat, and for which they anxiously consult their physician. These cases are plainly worse after worry, anxiety and exhaustion, and like other neuralgiæ, relieved by rest, quiet, and stimulation, natural or artificial.

HEPATIC NEURALGIA.

Of this affection I can say little from my own experience, and one might be inclined to doubt the existence of such a disease, were it not that authorities whose word cannot be questioned, have noticed and described the complaint. Anstie has seen several cases, the pains being of a neuralgic type, periodic, coming and leaving suddenly, and radiating to the right shoulder. The subjects were generally persons of a nervous temperament, those who had had attacks of neuralgia in other parts. In one case, the hepatic neuralgia alternated with cardiac neuralgia. Profound mental depression was generally present, and in several instances the skin was of a jaundiced hue, but in no case was there reason to believe the difficulty to be due to the passage of a biliary calculus.

NEURALGIA OF THE DIAPHRAGM.

*Erb mentions this affection as described by Peter under the term *neuralgia diaphragmatica*, and notes an article by Falot

*Diseases of the Nervous System—Ziemssen.

who named it "*neuralgia of the phrenic*." He notes the fact that the phrenic is considered a motor nerve, but believes that its mode of origin from several branches of the cervical plexus will account for its containing sensory fibres. Erb calls it *phrenic neuralgia*, and says it is one of the most common of the neuralgiæ. The pains are of the ordinary neuralgic character, coming on in paroxysms, yet more or less continuous, and situated at the anterior and lower part of the thorax on the line of attachment of the diaphragm. Pain is also experienced along the course of the phrenic through the chest, at the point where the nerve arises from the cervical plexus and descends over the scalenus anticus, also in the shoulder, especially the left, and down the inner arm. The pain in the shoulder, together with pain at the lower part of the thorax, may be considered characteristic of phrenic neuralgia. The *tender points* are: 1. The spinous processes of the cervical vertebræ from the second to the fifth. 2. The course of the phrenic in the supraclavicular fossa. 3. Along the course of the attachment of the diaphragm, especially anteriorly between the seventh and tenth ribs. Breathing, coughing, sneezing, etc., greatly aggravate this form of neuralgia, and the constant movements of the diaphragm has a tendency to retard recovery. It is sometimes a concomitant of Basedow's disease, angina pectoris, and enlargement of the spleen or liver.

NEURALGIA OF THE TESTIS.

This is, fortunately, not a very common form of neuralgia. The pains are sometimes formidable in the extreme, and accompanied by great depression of spirits. *Anstie believes it to be due to three causes: 1. A reflex effect of herpes præputialis. 2. A symptom of calculus descending the ureter. 3. As the result of self-abuse. He cites the case of a patient under his care, subject to attacks of epilepsy which puzzled him somewhat, and as the patient also suffered from neuralgic pain in the testis, he suspected masturbation to be at the bottom of it.

*Neuralgia and the Diseases that Resemble it.

His suspicion proved correct, and abstinence from this vice cured the patient of both the epilepsy and the neuralgia. Intense sexual excitement without copulation seemed to have induced it in one case under my charge. I do not believe this will ordinarily prove a cause, except in individuals predisposed to neuralgic affections. Under the head of "*hyperæsthesia of the spermatic plexus*", *Romberg gives an excellent description of this disease. He shows that the affection is neuralgic, and notes the fact that Sir Astley Cooper, has, against his judgment, removed the testicle three times, in all of which the testicle was found to be perfectly healthy. He records the case of a gentleman who suffered intense neuralgic pain in one testicle. He was engaged to be married, yet the pain was so severe, that against the advice of his physician, he determined to have it removed. Eight days after the operation, pain began in the other testicle, but as the marriage was close at hand, he concluded to retain it. Shortly after the ceremony he became entirely well. It is possible that the operation might have been avoided had the marriage taken place earlier.

NEURALGIA OF THE KIDNEY.

Anstie is of the opinion that there is no such disease as nephralgia; the pains referred to this organ being due ordinarily, to the passage of renal calculi. He believes, however, that pain may be experienced in this organ as a reflex extension of pelvic neuralgia. I have not had sufficient experience with this affection to say anything definite with regard to the matter, but am inclined to believe, with Anstie, that the passage of calculi is generally the cause of neuralgic pain in this region. †Raue is of this opinion, deeming renal calculi the sole cause of nephralgia.

NEURALGIA OF THE RECTUM.

This is a form of neuralgia, rarely met with, fortunately, and is described by few observers. The pains are felt just in-

*Diseases of the Nervous System, Vol. I.

†Special Pathology and Diagnostics.

side the bowel, and are of the sharp, lancinating character of ordinary neuralgia. The attacks are likely to be periodical, and are aggravated by the acts of defecation, straining, walking, etc. The subjects are generally weak, delicate, anæmic.

HYSTERALGIA - NEURALGIA OF THE UTERUS.

This is by no means an uncommon affection, and is described by various authors. The pains are referred to the uterine region, may be periodic, are brought on by slight causes, and are usually observed in anæmic, nervous, hysterical women. *Ziemssen says :

“The only symptom—though it is a very prominent one—is the pain, which, while continuously present, lights up from time to time, into the severest paroxysms, without any cause, or under merely trivial provocation. Such exacerbations are evoked by slightly touching the vaginal portion, and this is more marked, commonly, at some definite point.”

There is no evidence of congestion, inflammation, or pressure on the uterus, and the most minute examinations reveal no change in position or structure of the womb. †Guernsey, in speaking of the relation of this affection to dysmenorrhœa, quotes from Tyler Smith as follows :

“In dysmenorrhœa, or painful menstruation, the greater portion of the pain consists, I am convinced, of neuralgia; the deep lumbar pain is decidedly ovarian, and not uterine.”

‡Anstie is of the opinion that many cases of dysmenorrhœa are due to neuralgia, and calls attention to those cases where the pains continue without abatement after the full establishment of the flow. He further says that subjects of dysmenorrhœal neuralgia, unlike those in which the pain is due to “occlusion, distortion, or narrowing of the outlets,” are very liable to bear children, and that the natural exercise of the sexual function appears necessary to the health of the sexual organs, as shown by the absence of the neuralgic pains after marriage. I think the subjects of this affection are generally of a neuralgic disposition, for many cases show a history of migraine, neural-

*Diseases of the Nervous System—Ziemssen, Vol. XI.

†Obstetrics and the Disorders Peculiar to Women and Young Children.

‡Neuralgia and the Diseases that Resemble it.

gia of the fifth pair, or of some other nervous tract. Anstie thinks that masturbation has something to do with bringing about this affection in unmarried women and widows. Ascarides, prolapsus uteri, tumors and growths in the pelvic cavity, leucorrhœa, constipation, ulceration of the cervix uteri, and calculus of the kidney or in the ureter—these may cause uterine neuralgia. The so-called “irritable uterus” of Gooch may in some instances prove a true neuralgia.

As already mentioned severe abdominal pain of a neuralgic character is frequently due to a displacement of the womb, as the following case will show. I confined a lady, who did well for two weeks. About this time she was suddenly taken at two o'clock in the afternoon, with severe pains in the lower abdominal region. The attack was so sudden, and her sufferings so acute, that I was immediately sent for, but being out at the time, the first physician who could be found was called in. He pronounced the case one of peritonitis, and treated it accordingly. The opiates he prescribed soothed her for awhile, but by the time I arrived, several hours afterward, the effect of these was beginning to pass away, and the pain had already become intolerable. I found the lower limbs drawn up, but she could stretch them out without aggravating the pain to any extent; she had no fever, and firm pressure relieved the pain. I diagnosed the case as one of neuralgia, and not inflammation, and accordingly passed the index finger of my right hand into the vagina, and gently and slightly raised the womb. The effect was instantaneous. The woman, who, a few moments before was suffering the most acute agony, became in a moment, as it were, calm and quiet. To be sure some general soreness remained, but the severe suffering was gone. An ordinary rubber inflating-pessary retained the womb in position, and she had no further trouble. *Meigs calls attention to this subject, and says he has seen more than seventy persons who suffered extreme abdominal pain, relieved in this way.

*Woman and Her Diseases.

OVARALGIA—NEURALGIA OF THE OVARY.

This is a disease characterized by neuralgic pains, having their seat in the ovary. It is not an uncommon affection, and is often the starting point of several painful or convulsive seizures. An over-sensitive condition of the ovary, as is well known, is frequently the exciting cause of convulsive attacks, but especially those of an hysterical nature. It is, at times, a very painful and obstinate affection. A very nervous, hysterical patient of mine, a chronic sufferer from neuralgia, has had frequent severe attacks of ovaralgia, in one of which she was delirious for a time.

*Charcot has shown that in cases of *hemianæsthesia* in hysterical subjects, there may often be discovered an *hyperæsthesia of the ovary*; that the ovary affected is on the same side as the *anæsthesia*; and that when both ovaries are affected, the *anæsthesia* is general. He further says that ovaralgia bears an intimate relation to many of the forms of hysteria, but especially to that gravest of all forms—hysterico-epilepsy; and he proves this by the fact, that patients of this class generally complain of ovarian pain; and again that firm pressure over the affected ovary, will at once cut short a seizure. He says:

“The patient suddenly falls to the ground, with a shrill cry; loss of consciousness is complete. The tetanic rigidity of all her members, which generally inaugurates the scene, is carried to a high degree; the body is forcibly bent backwards, the abdomen is prominent, greatly distended, and very resisting. * * * The result, in short, is always the same, and if you but continue the pressure for two, three, or four minutes, you are almost certain to find all the phenomena of the seizure disappear as if by magic. You may, besides, vary the experiment, and, at your pleasure, by removing the compression and again applying it, you can stop the seizure or allow it to recur as often almost as you like.”

NEURALGIA OF THE BLADDER.

This is a not common affection. The pains are referred to the neck of the bladder, and cause a desire to micturate frequently. In some cases, paralysis of the bladder follows as a

*Lectures on the Diseases of the Nervous System.

secondary affection. It is caused in some instances by malarious influences.

NEURALGIA OF THE URETHRA.

The pain in this affection is experienced along the course of the urethra, is generally of a burning character, and is aggravated by passing water, and sometimes by coitus. It is caused by sexual excesses, but especially by self-abuse. In the three cases reported by Anstie this was the cause. *Erb says it results from cold, from morbid states of the urine, and that it is sometimes an early symptom of tabes dorsalis.

NEURALGIA OF THE PENIS.

The pain is felt in the glans penis and along the course of the organ. It usually affects one side only, and is aggravated by micturition or sexual intercourse. Priapism is a troublesome and painful accompaniment of the disease, and emissions are common.

COMPLICATIONS.

A number of the complications of neuralgia have already been noticed while treating of the varieties of neuralgia; as it is, a few only of the important ones can be mentioned, and this simply, as the limits of this work will not permit of a separate account of each. The principal of these are as follows: Erysipelas; glossy skin; eczema; curving of the finger nail in its long axis and lateral arching; paralysis; coarseness of the skin; deposits of dark pigment in the skin; change of the color of the hair to grey or white; hypertrophy of the hair; falling out of the hair; salivation; lacrymation; deafness; loss of taste; muscular contractions; atrophy; inflammation of the cornea; paralysis of retina; blepharospasm; ptosis and strabismus; iritis; glaucoma; unilateral furring of the tongue; herpes unilaterialis; herpes zoster; anæsthesia.

CAUSES.

Of these there is little now to be said, as they have been

*Diseases of the Nervous System, Ziemssen.

pretty generally described in treating of the several neuralgic affections. The one great cause of neuralgia, debility, should always be borne in mind in treating neuralgic affections. Want of good food, air, sunshine, exercise, rest, sleep, the drain of nursing, leucorrhœa, sexual excesses, hæmorrhages, any one, or several of these may be causes of neuralgia, and a single one will keep it up, if once established.

DIAGNOSIS.

Of the diagnosis there is not a great deal to be said. It is at times, a difficult matter to determine whether a given case is one of neuralgia or not, and yet, apart from neuralgia due to pressure or injury, it becomes comparatively easy if we remember that neuralgic pain follows the course of a nervous tract; that it is periodical; that in well-marked cases there is frequently discovered a family predisposition to nervous affections; and that the subjects are, in the great majority of cases in a poor state of health, pale, weak, debilitated, bloodless.

PROGNOSIS.

The prognosis is, in most cases, good. The majority of them may be cured, and, with the many excellent palliative measures known to the profession, all of them may be relieved. Neuralgia due to syphilis, malarial neuralgia, and purely functional neuralgia, are comparatively easy to treat; neuralgia of the degenerative period of life, the *tic epileptiforme* of Trousseau is a very obstinate affection, and few cases ever entirely recover.

TREATMENT.

In giving the treatment of neuralgia, I shall not attempt to name all the remedies that are reported as having cured this affection, but notice those only that are known to be of service in this disease.

I am aware that many of the profession are constantly and earnestly looking for *the* specific for this or that disease; a something of which I have read somewhat in books, and, at

times heard certain wise people talk; but unfortunately, I never could make the specifics cure my patients as miraculously as they did in the books, nor charm away pain as magically as could some of my wise friends, who, in a practice extending over many years, have never failed! There *is* a specific, however, for most curable complaints—and here it is: A patient calls on his physician suffering acutely from neuralgia. After a careful examination she receives *Chamomilla*, and in a half hour is entirely easy. *Chamomilla* is *her* specific. Another calls—receives *Colocynth*, and is relieved. That is *his* specific. And so we find, that *the* specific is the Homœopathic remedy properly chosen and applied; and I have never seen a specific in a book or out of it, that could act as charmingly as mine, when I had the knowledge and judgment to apply it according to the law.

Aconite.—This remedy should be used in acute attacks, affecting the left side of the face, the pain being of a sharp, darting, lancinating character, and causing extreme restlessness. The attacks are due to a draught of air, or suppression of perspiration. It is indicated in cases of acute prosopalgia, sciatica, intercostal neuralgia, and angina pectoris. Great restlessness, severe pain, with intolerable anguish are strong indications for its use. A solution of the tincture and hot water is an excellent external application. It is applicable to pure neuralgia, also to neuritis. *Ruddock recommends it in angina pectoris in “recent cases in plethoric patients, when there is a great sense of suffocation, anxiety, and throbbing.” In one case to which I gave it, although it did not cure, the paroxysms were always relieved in a short time. Of *Aconitine* †Dr. Holcombe says:

“Keep a first centesimal trituration of this powerful alkaloid on hand. Put two or three grains of it into a cup of water, and rub into all the aching parts with a soft rag.”

He says this adds greatly to the comfort of the patient in a short time.

Sulphur.—This is one of our most precious remedies. The

*Text Book, Medical and Surgical.

†American Homœopathist, March, 1878.

pains are confined to the left side of the face, implicating the first and second divisions of the fifth pair, are worse towards evening, accompanied by extreme tenderness of the scalp—combing the hair is painful—alternate flushes of cold and heat, sense of burning in the soles of the feet, sometimes just the opposite—cold, heat of the top of the head, and the peculiar Sulphur stoop. I have cured many cases with this remedy, on the above indications. *I reported a case in December last, cured with this remedy, in which the pain spent itself alternately on the left supra-orbital regions and left ovary, but finally could be felt in both regions at the same time. The subject informed me to-day that she had had no return of the pain. As a remedy for headache †Dr. Shuldhham recommends it as useful when the difficulty is due to the suppression of hæmorrhoids, a skin eruption, or chronic discharge. ‡Hoyne recommends it in chronic cases, of an intermittent character, in cases greatly constipated, or subject to morning diarrhœa.

Arsenicum.—Weakened, debilitated subjects. Facial neuralgia, gastralgia, angina pectoris, and sciatica come within the sphere of action of this remedy. The pains are of a *burning* character, severe, excruciating, and likely to be periodic. The pains are worse at night, aggravated by cold, but relieved by warmth. The patient is excessively restless and suffers great mental anguish. Neuralgia of the period of physical degeneration should be met with this remedy. ||Hughes says that the remedies for the sunny side of the grand climacteric are *Aconite*, *Belladonna*, *Colocynth*, and *Spigelia*; but that the neuralgiæ of the degenerative period of life are *Arsenic*, *Phosphorus* or *Sulphur*. *Arsenicum* is frequently called for in malarial neuralgia. Of this remedy §Dr. Shuldhham says:

“Weakness is one great characteristic; not merely a sudden failure

*United States Medical Investigator, December 1, 1877.

†Headaches—Their Causes and Treatment.

‡Clinical Therapeutics, vol. 1.

||Manual of Therapeutics, Vol. 1.

§Headaches, Their Causes and Treatment.

of strength, but a long continued weakness, with its accompanying symptoms "loss of flesh" and its "small and quick pulse" so indicative of failing strength. For neuralgia let us notice the aggravation at night, generally midnight, or a little after; let us notice the characteristic restlessness, the longing to change one's place, and the improvement from warmth, and that distress from cold, both from cold air and cold foods."

Chamomilla.—This is a remedy on which I place great reliance. The patient is extremely sensitive to pain, and this is severe and agonizing. A *Chamomilla* patient is wild, unruly, cross, uncivil, restless and tears frantically up and down the room as though distracted. However severe the pain the patient *must* move. A quiet, amiable, agreeable subject of neuralgic pain, will never be cured with *Chamomilla*. Prosopalgia, gastralgia, and sciatica, are affections influenced by this drug.

Colocynth.—This is another precious remedy. The *left* side is affected, the pains involving all three branches of the fifth, and extending into the ear of the same side, the latter in the form of sharp, intolerable dartings. There is a sense of heat of the affected side, and relief is best obtained by quiet and the application of heat. Strong mental emotion, especially suppressed indignation or vexation, is often at the bottom of the difficulty. Ovaralgia is controlled by this remedy, and it is reported to have cured neuralgic pain of the right testicle and spermatic cord. *Colocynth* is also an excellent remedy in sciatica. Gastralgia is especially under the control of this remedy as I have more than once witnessed. The pains are of a specially severe neuralgic character, and are relieved somewhat by strong pressure on the affected parts, and the application of heat. The patient bends forward, doubles the body, presses the abdomen against the bed, or lies at full length on the floor with a pillow beneath the seat of the pain. *Colocynth* will cure symptoms of this character.

Cimicifuga.—This remedy is useful in deep-seated intracranial pain of an oppressive, crushing character, and accompanied by great mental depression, with a tendency to melancholia. Uterine and ovarian pain come within the influence of this drug,

and neuralgia of the mammary gland is especially amenable to its action. *Ruddock says :

“It is useful in neuralgia of the forehead and eyeballs, * * * and paroxysms of pain and distress,—the heart’s action seeming to cease suddenly, with a feeling as of impending suffocation,—similar to those of angina pectoris, chiefly felt after lying down at night; pain or anxiety about the heart, down the left arm to the hand, with palpitation, numbness of the left arm, and exhaustion. Pain in the left side, under the left breast, in females.”

Phosphorus. A remedy to be given at the degenerative period of life. Neuralgia due to brain-fag, to degeneration of nervous substance. Especially useful in cases following long-continued sexual excesses, and in those predisposed to phthisis. Left side generally affected.

In an article entitled “Phosphorus in Neuralgia,” †Dr. T. G. Comstock has given some excellent hints on the use of this and other remedies, to which I refer the reader.

Argentum nitricum.—Similar to the preceding. Deep-seated pain of a pressing, crushing character. Infra-orbital neuralgia, worse in the morning, with vertigo. Apathy, loss of memory, profound depression of spirits, with symptoms of atrophy of cerebral substance.

Cactus grandiflorus.—To be thought of in angina pectoris with sharp, darting pains, feeling of constriction of the heart, with a sense of suffocation and impending death. Have seen two cases greatly benefitted by this remedy.

Moschus.—‡Dr. Lilienthal highly commends this as a curative remedy in angina pectoris, and says he has more confidence in it during the paroxysms than in either *Spigelia* or *Cactus*.

Spigelia.—Periodical neuralgia, left side of the face and head, and left eye. The pains are aggravated by motion, stooping and noise, and ameliorated by lying with the head high and by bathing the painful parts with cold water. The sense of constriction of the chest, stitches in the cardiac region, anxiety, ap-

* Text Book, Medical and Surgical.

† Medical Investigator, April, 1873.

‡ Hahnemannian Monthly, January, 1877.

prehension, aggravation from the least movement, together with the organic changes generally present when this remedy is indicated, reminds one strongly of angina pectoris.

Atropine.—Pain in right supra- and infra-orbital region, violent in character and aggravated by stooping, movement, and worse toward evening. Often ends with vomiting; frequently acts nicely after *Belladonna* has failed. *Hale recommends it in neuralgia of the face, head and eyes; gastralgia; enteralgia; nephralgia and ovaralgia.

Ignatia.—Neuralgia of the left frontal region, in hysterical women of a quiet, amiable disposition, as a consequence of fright or grief. A remedy frequently called for in this class of cases.

China.—Infra-orbital neuralgia, worse at night, from touching the parts, and lying down. It is useful in many debilitated subjects who have become so in consequence of one or more hæmorrhages, or exhausting, long-continued leucorrhœa. I know of no remedy to equal *China* in those common cases of exhaustion due to constant nursing. It should be thought of in cases of debility, following sexual excesses, though *Phosphorus* and *Phosphoric acid* have, in my hands proved better remedies.

Pulsatilla.—First and second branches of the fifth implicated. The patient is worse at night, towards evening, and while in her room; but relieved by pressure and by going out in the cool air. There is little or no appetite, and a complete and uncontrollable aversion to fatty food. Whatever little craving for food the patient may have is for dainties—cakes, candies, pies. There is no thirst, the patient is constantly chilly, and amenorrhœa is a common ailment. A good remedy for young girls at the age of puberty, and for mild, tearful women. *Pulsatilla* influences neuralgia of the fifth, hysteralgia, ovaralgia, and cardiac pain.

Lachesis.—Have relieved cases with this remedy in which the pains were on the left side and about the left eye. There

*Hale's New Remedies—Therapeutics.

was great tenderness of the scalp of the affected side, and acute pain was also experienced on percussion over the three or four upper cervical vertebræ. Patients were averse to having anything tight about the neck or abdomen. One patient *always awoke with neuralgic pain*. It is a good remedy for women at the climacteric and after. It controls better than any other remedy the disagreeable flushes, with sinking spells that occur at this period. It should be thought of in hysteralgia, ovaralgia, (left) cardiac pain, and neuralgia of the face.

Belladonna.—A remedy affecting the right supra-orbital region. The pains are sharp, darting, and produce congestion and lacrymation of the eye of the affected side. There are also pains experienced along the course of the great occipital with numbness of the right arm. The patient is worse towards evening, and the pains are aggravated by noise, light, stooping, and motion. It is useful in neuralgia of the fifth, cervico-occipital neuralgia, hysteralgia proper, dysmenorrhœal neuralgia, and should be of service in some cases of neuralgia of the testicle, spermatic cord, and bladder.

Bryonia.—Neuralgia of all three branches of the fifth of the right side. The pains are of a sharp, darting, stitching character, extend to the teeth, and are sometimes due to disease of the teeth. They are aggravated by motion, and relieved by quiet, and by lying on the affected side. It is of service in neuralgia of the fifth, cervico-brachial neuralgia, intercostal neuralgia, cardiac pain, sciatica, abdominal hyperæsthesia, and should prove useful in hepatalgia.

Nux vomica.—Pains right side of head and vertex, or in frontal region. Aggravation from light, noise, and music. Worse from eating, mental exertion, or exercise in the open air; better from wrapping the head warmly and by quiet in a warm room. The attacks are frequently due to excessive coffee-drinking, late hours, drinking, sexual excesses, and general dissipation. It is likewise of value in those cases, the subjects of which do

a great deal of mental work, and take very little exercise. It also antidotes the effects of * tobacco.

Sulphate of Nickel.---I have had no experience with this remedy, but †Dr. Holcombe highly commends it in nervous--and sick-headaches. He prescribes a trituration---half nickel and half sugar of milk--one grain every half hour during the attacks, and night and morning, between the paroxysms.

I have not mentioned all the remedies that have at some time or other cured neuralgia; but have confined myself to those I know to be of real service, and whose clearly cut key-notes will lead to the selection of the proper remedy, if the practitioner is hunting for a specific of this kind. I do not believe that a drug is always the medicine required; but that sunlight, exercise, good air, good food, pure water, refreshing sleep, mental and physical rest, cleanliness, and regular habits are *the* medicines most needed in many instances, and no drug, however great its virtue, can fully supply the place of one of these. In severe cases, especially those met with at the period of bodily decay, medicines often prove of little service; in such cases the operations of neurotomy or neurectomy are perfectly justifiable, and should be performed, and temporary ease, at least, be obtained.

And in the treatment of this and other affections I like that much needed, rare, good article, common sense, that, on occasion, rises above the mere prescription of drugs, and the ordinary routine practice of the day, and applies that measure for the relief of human suffering that seems best calculated to accomplish the purpose.

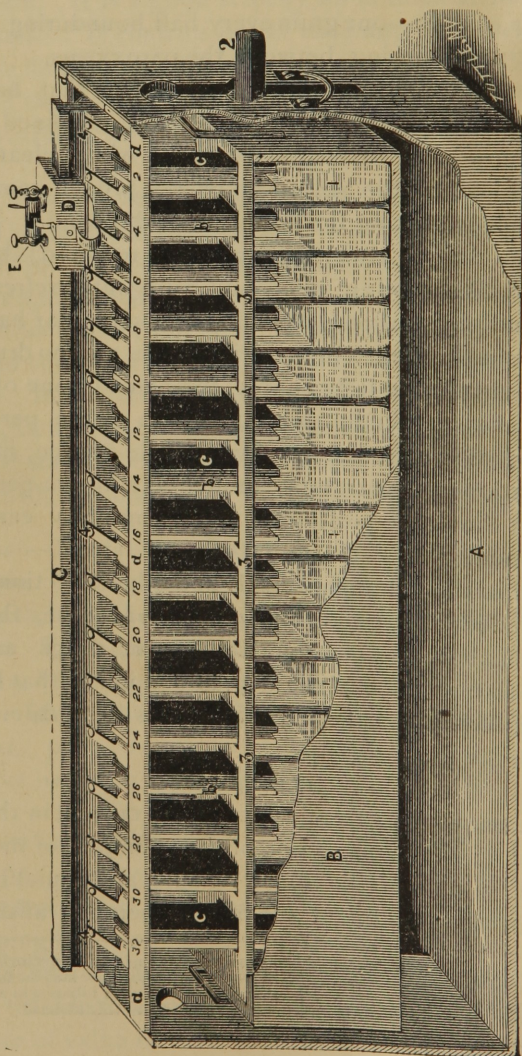
ELECTRICITY.

The use of the galvanic or constant current in the treatment of neuralgic affections, is one of the triumphs of modern medicine. It is one of the most reliable and quickly successful agents in the treatment of painful nervous affections, with

*For some reason tobacco strangely aggravates cases of angina pectoris. A translation of an article on this subject from the *Bibliothèque Homœopathique* may be found in the *Medical Investigator*, February, 1873. The manifest influence of tobacco in aggravating cases of angina pectoris should make it an important remedy in this disease.

†American Homœopathist, March, 1873.

which I am acquainted; and a constant and daily experience with it justifies my faith in its great efficacy as a remedy for neuralgia. I am in the habit of using Stohrer's Galvanic Battery and find it an admirable instrument. A cut of this battery is here shown.



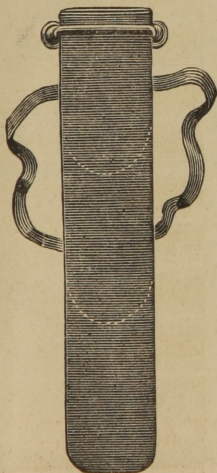
The current is to be applied in this way: One of the poles with a well-wetted sponge should be placed on the painful nerve, and the others at an indefinite point. The current should be very light at first and very gradually increased until a slight burning is experienced. No pain should be produced. An application should last from five to fifteen minutes. A severe attack of neuralgia can often be relieved at one sitting. I find that rubbing the sponge gently backwards and forwards over the painful nerves has a very soothing effect on the sufferer. In chronic cases the applications should be made frequently, and at regular intervals.

PALLIATIVES.

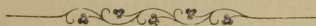
The Nitrite of Amyle is often an excellent remedy with which to break up an attack of angina pectoris. It should be given---five to ten drops on a handkerchief, and inhaled. A teaspoonful of ether in several times the quantity of mucilage should be given on the approach of an attack. It will often relieve it almost instantly.

THE HOT WATER BAG.

Hot water is very soothing to sufferers from neuralgia, and should be applied by means of the hot-water bag or



bladders to the painful parts. The tincture of *Aconite of Belladonna* applied by rubbing gently on the parts, or by means of strips of muslin moistened with it and applied, is frequently of service. Applications of ether or chloroform are sometimes useful. Most neuralgic patients need stimulants---whiskey, wine, brandy. These should be given in angina pectoris and in the low, depressed stages of ordinary neuralgia.



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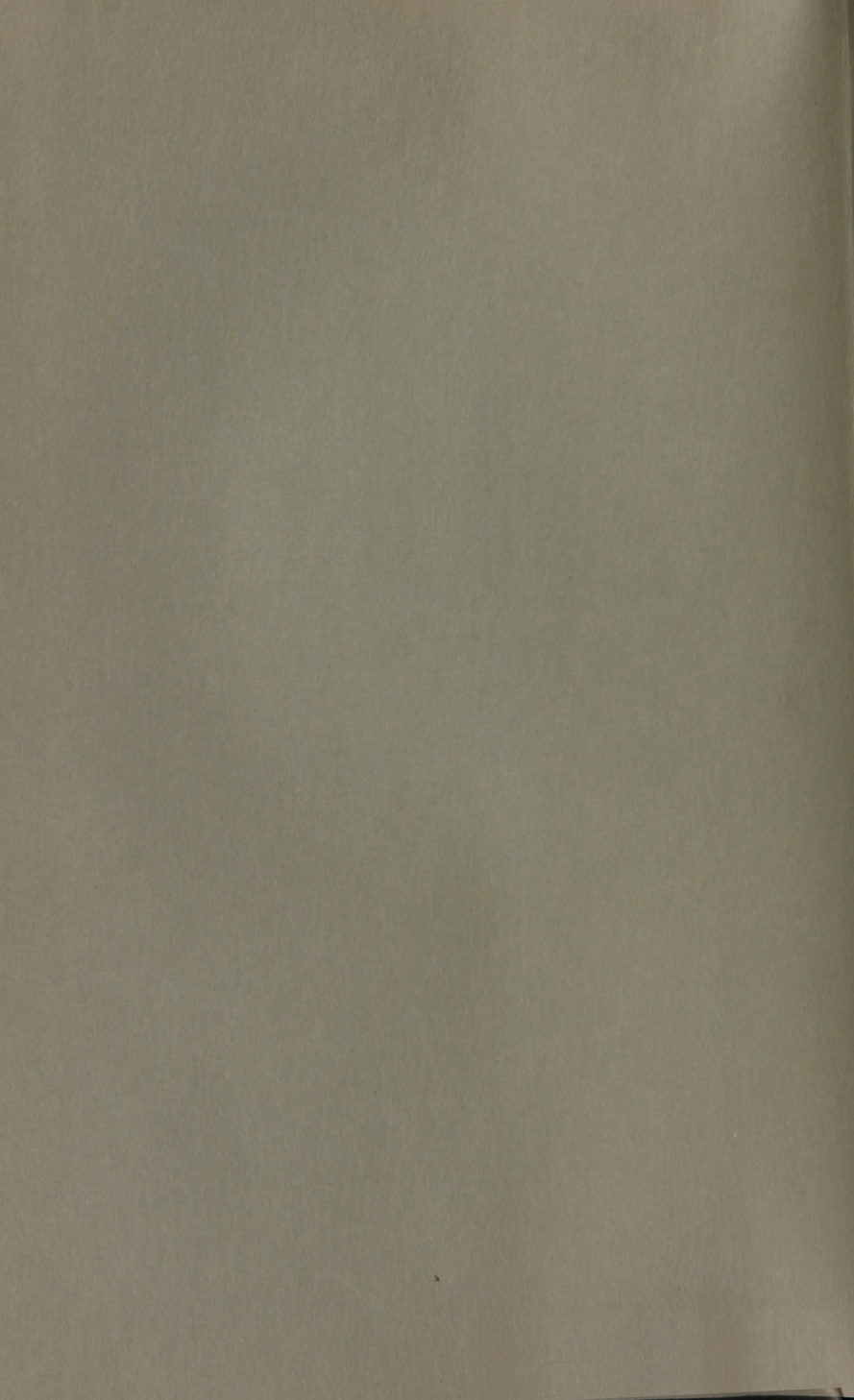
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